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<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

## Filing at a Glance

Company:	American General Life Insurance Company
Product Name:	AGL Individual Long Term Care Insurance
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.003 Other
Filing Type:	Rate
Date Submitted:	05/18/2018
SERFF Tr Num:	LTCG-131461895
SERFF Status:	Closed-Approved and Filed
State Tr Num:	LTCG-131461895
State Status:	Approved & Filed
Co Tr Num:	AGL RI6 VA
Implementation	04/01/2020
Date Requested:	
Author(s):	Melissa Rajsic-McLaughlin, Lisa Bauer, Chandler Rieder
Reviewer(s):	Bill Dismore (primary)
Disposition Date:	07/02/2020
Disposition Status:	Approved and Filed
Implementation Date:	

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<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

## General Information

Project Name: AGL Rate Increase 6 Filing  
Project Number: AGL RI6 VA  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact: 11%

Deemer Date: 06/14/2020  
Submitted By: Lisa Bauer

Status of Filing in Domicile: Authorized  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 07/02/2020  
State Status Changed: 07/02/2020  
Created By: Lisa Bauer  
Corresponding Filing Tracking Number:  
State TOI: LTC03I Individual Long Term Care

Filing Description:

**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

May 17, 2018

Virginia Bureau of Insurance  
Attn: Life and Health Rate Review Section

Re: AMERICAN GENERAL LIFE INSURANCE COMPANY  
FEIN # 25-0598210 NAIC # 60488  
INDIVIDUAL ACCIDENT AND HEALTH INSURANCE  
Rate Increase for:  
Non-Tax Qualified Long Term Care Policy 64028-VA  
Tax Qualified Long Term Care Policy Rider C12271VA  
Inflation Benefit Rider 64031  
Nonforfeiture Benefit Rider 64032  
Contingent Nonforfeiture Benefit Rider 64035-VA

Dear Sir or Madam:

On behalf of American General Life Insurance Company (AGL), we at Long Term Care Group, Inc. (LTCG) are submitting the enclosed actuarial memorandum and rate sheets for your review and approval. A letter from AGL authorizing LTCG to make this rate filing on behalf of AGL is included.

The enclosed actuarial memorandum details the request for a 63% rate increase for AGL's long term care insurance Policy Form Series 64028 as noted above. The company is willing to implement the requested 63% increase in a series of three annual 20% rate increases. An annual increase of 20% for three years is actuarially equivalent to the requested single rate increase of 63%.

The company discontinued sales of this form series in calendar year 2001. We are requesting this rate increase because persistency and claim experience are expected to produce lifetime loss ratios that far exceed the original pricing loss ratio. Your department has approved previous rate increases on this business. At this time, an additional rate increase of 63% is needed to mitigate future losses.

While an increase larger than 63% is justified at this time, the company is not seeking a higher increase. The company will continue to monitor the emerging experience of this block and review whether an additional rate increase is necessary.

The company will offer insureds affected by the premium increase several options to change their benefits. These options will allow insureds the flexibility to maintain their current premium level, if desired.

The rates will be effective following approval and fulfillment of all statutory and contractual requirements, but not earlier than November 1, 2018, which is more than one year from the effective date of the previous rate increase. The rate increase will apply to all premium paying policyholders.

We trust that you will find our filing to be in order and hope that you will grant your Department's approval to this submission. If you have any questions or would like to discuss any of the materials included in this submission, please feel free to call me directly at (952) 826-7227 or send me an email at Brian.Ulery@LTCG.com.

We look forward to hearing from you.

**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

Sincerely,

Brian Ulery, FSA, MAAA  
Principal Consulting Actuary  
LTCG

## Company and Contact

### Filing Contact Information

Brian Ulery, Principal Consulting Actuary    brian.ulery@ltcg.com  
1210 Northbrook Drive    952-826-7227 [Phone]  
Suite 100  
Pennsylvania  
Trevose, PA 19053

### Filing Company Information

(This filing was made by a third party - longtermcaregroup)

American General Life Insurance Company	CoCode: 60488	State of Domicile: Texas
2727-A Allen Parkway	Group Code: 12	Company Type: Life and Health
Houston, TX 77019	Group Name:	State ID Number:
(713) 831-3150 ext. [Phone]	FEIN Number: 25-0598210	

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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:



<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Bill Dismore	07/02/2020	07/02/2020

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	07/01/2020	07/01/2020
Info has been requested from company	Bill Dismore	04/17/2020	04/17/2020
Info has been requested from company	Bill Dismore	01/27/2020	01/27/2020
Info has been requested from company	Bill Dismore	01/02/2020	01/02/2020
Info has been requested from company	Bill Dismore	12/27/2019	12/27/2019
Info has been requested from company	Bill Dismore	01/15/2019	01/15/2019
Info has been requested from company	Bill Dismore	12/28/2018	12/28/2018
Info has been requested from company	Bill Dismore	12/28/2018	12/28/2018
Info has been requested from company	Bill Dismore	11/28/2018	11/28/2018
Info has been requested from company	Bill Dismore	10/25/2018	10/25/2018

### Response Letters

Responded By	Created On	Date Submitted
Melissa Rajsic-McLaughlin	07/01/2020	07/01/2020
Lisa Bauer	05/15/2020	05/15/2020
Lisa Bauer	02/06/2020	02/07/2020
Lisa Bauer	02/24/2020	02/24/2020
Lisa Bauer	01/24/2020	01/24/2020
Lisa Bauer	01/31/2019	01/31/2019
Lisa Bauer	01/11/2019	01/11/2019
Lisa Bauer	01/11/2019	01/11/2019
Lisa Bauer	12/28/2018	12/28/2018
Lisa Bauer	11/27/2018	11/27/2018

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	10/02/2018	10/02/2018
Info has been requested from company	Bill Dismore	09/14/2018	09/14/2018
Info has been requested from company	Bill Dismore	07/11/2018	07/11/2018

### Response Letters

Responded By	Created On	Date Submitted
Lisa Bauer	10/10/2018	11/09/2018
Lisa Bauer	10/10/2018	10/24/2018
Lisa Bauer	08/14/2018	08/14/2018

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Extension Granted - 2/28/2020	Note To Filer	Bill Dismore	01/30/2020	01/30/2020
Extension Request - Objection dated 1/2/2020	Note To Reviewer	Lisa Bauer	01/29/2020	01/29/2020
Status Update	Note To Filer	Bill Dismore	10/08/2019	10/08/2019
Status Update	Note To Reviewer	Lisa Bauer	10/03/2019	10/03/2019
Status Inquiry	Note To Filer	Bill Dismore	07/17/2019	07/17/2019
Status Inquiry	Note To Reviewer	Lisa Bauer	07/17/2019	07/17/2019
Status Update	Note To Filer	Bill Dismore	05/10/2019	05/10/2019
Status Update	Note To Reviewer	Lisa Bauer	05/10/2019	05/10/2019
Actuarial Review - Final Summary & Report	Reviewer Note	Bill Dismore	02/11/2020	
RRS	Reviewer Note	Bill Dismore	09/14/2018	

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

## Disposition

Disposition Date: 07/02/2020

Implementation Date:

Status: Approved and Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
American General Life Insurance Company	753.000%	11.000%	\$36,659	79	\$333,265	11.000%	11.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document (revised)	Third Party Filer Authorization	Received & Acknowledged	Yes
Supporting Document	Cover Letter	Received & Acknowledged	Yes
Supporting Document	Virginia Compliance Certification	Received & Acknowledged	Yes
Supporting Document	8/14/2018 Response Letter and Attachments	Received & Acknowledged	Yes
Supporting Document	10/24/2018 Response Letter and Attachment	Received & Acknowledged	Yes
Supporting Document	11/9/2018 Response Letter and Attachments	Received & Acknowledged	Yes
Supporting Document	11/27/2018 Response Letter and Attachments	Received & Acknowledged	Yes
Supporting Document	12/28/2018 Response Letter and Attachments	Received & Acknowledged	Yes
Supporting Document	01/11/2019 Response Letter	Received & Acknowledged	Yes
Supporting Document	01/11/2019 Response Letter and Attachments	Received & Acknowledged	Yes
Supporting Document	John Doe Exhibits	Received & Acknowledged	Yes
Supporting Document	1/30/2019 Response Letter	Received & Acknowledged	Yes
Supporting Document	1/24/2020 Response letter and attachments.	Received & Acknowledged	Yes
Supporting Document	2/7/2020 Response Letter	Received & Acknowledged	Yes
Supporting Document	2/24/2020 Response Letter and Attachments	Received & Acknowledged	Yes

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Response to Objection 20200417	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Third Party Filer Authorization	Withdrawn	No
Form (revised)	Policyholder Rate Increase Notification Letter	Filed	Yes
Form (revised)	Coverage Decrease Election Form	Filed	Yes
Form (revised)	Paid-up Status Election Form	Filed	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	No
Form	Policyholder Rate Increase Notification Letter	Withdrawn	No
Form	Policyholder Rate Increase Notification Letter	Withdrawn	No
Form	Policyholder Rate Increase Notification Letter	Withdrawn	No
Form	Coverage Decrease Election Form	Withdrawn	No
Form	Coverage Decrease Election Form	Withdrawn	No
Form	Paid-up Status Election Form	Withdrawn	No
Form	Paid-up Status Election Form	Withdrawn	No
Rate (revised)	Rate Sheets for Non-Tax Qualified Policy	Approved	Yes
Rate (revised)	Rate Sheets for Inflation Benefit Rider	Approved	Yes
Rate (revised)	Rate Sheets for Nonforfeiture Benefit Rider	Approved	Yes
Rate	Rate Sheets for Non-Tax Qualified Policy	Withdrawn	No
Rate	Rate Sheets for Inflation Benefit Rider	Withdrawn	No
Rate	Rate Sheets for Nonforfeiture Benefit Rider	Withdrawn	No

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**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/01/2020
Submitted Date	07/01/2020
Respond By Date	07/08/2020

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Dear Brian Ulery,

### **Introduction:**

*Per my voice mail to Brian Ulery today, please make the minor corrections to the policyholder notification letter.*

### **Objection 1**

*- Policyholder Rate Increase Notification Letter , AGLC108934-2019 (Form)*

*Comments: Page 1 - 5th paragraph.*

*Please correct the VA BOI website. The correct website is: <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>*

### **Objection 2**

*- Policyholder Rate Increase Notification Letter , AGLC108934-2019 (Form)*

*Comments: Second Page - 2nd paragraph*

*The word "Corporate" in "Virginia State ." should be "Corporation". Please revise.*

### **Conclusion:**

*We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.*

*Thank you,*

*Sincerely,  
Bill Dismore*

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

**Filing Company:** American General Life Insurance Company

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/17/2020
Submitted Date	04/17/2020
Respond By Date	05/17/2020

Dear Brian Ulery,

### Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention upon and explained in detail. It will expedite the review process if all changes are highlighted and explained.

### Objection 1

- Policyholder Rate Increase Notification Letter , AGLC108934-2019 (Form)

Comments: Please update the Form Schedule with the latest version of AGL RI6 VA Policyholder Notification Letter V4.pdf. that was submitted with the Company's objection response of 2/24/2020.

### Objection 2

- 2/24/2020 Response Letter and Attachments (Supporting Document)

Comments: AGLC108934-2019 - Policyholder Notification Letter

Page 1, 2nd paragraph, 2nd sentence: As this is a single rate increase of 11% the second sentence should be revised for clarity and variability. Our concern would be addressed if the Company considered alternative language similar to:

"American General Life Insurance Company ("the Company") determined that << an increase / a series of <<#>> annual increases>> of <<11%>> to your current annual premium is necessary."

The Statement of Variability ("SOV") should be expanded and explain any additional variables.

### Objection 3

- 2/24/2020 Response Letter and Attachments (Supporting Document)

Comments: AGLC108934-2019 - Policyholder Notification Letter

Pursuant to 14VAC5-200 A. 4. the letter must state when the revised premium rate will go into effect (e.g. next anniversary date, next billing date, etc.). Our concern would be addressed if the Company added a sentence immediately following the sentence mentioned in the previous objection similar to:

"The revised annual premium will be adjusted on <<r\_policy\_offer\_eff\_date>> unless your policy were to lapse, in which case you would automatically receive Option 3 as explained under "What are my Options?" explained in this letter below.

### Objection 4

- 2/24/2020 Response Letter and Attachments (Supporting Document)

Comments: AGLC108934-2019 - Policyholder Notification Letter

Page 1, 4th paragraph, 1st sentence: Replace the word "commission" with "State Corporation Commission".

**State:** Virginia **Filing Company:** American General Life Insurance Company  
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**Objection 5**

- 2/24/2020 Response Letter and Attachments (Supporting Document)

Comments: AGLC108934-2019 - Policyholder Notification Letter

Page 2, 2nd paragraph is confusing to a policyholder with limited insurance knowledge. Our concern would be addressed if the Company provided more simple language similar to the following:

"While a larger rate increase is supported by the claims experience, the Company has decided to implement a smaller increase and will continue to monitor future outcomes. Another rate increase is possible, but any increase proposed will be filed with the Virginia State Corporate Commission for approval. Should a future rate increase be granted, similar options to those described below under "What are my Options?" will be offered."

**Objection 6**

- 2/24/2020 Response Letter and Attachments (Supporting Document)

Comments: AGLC108934-2019 - Policyholder Notification Letter

The word "chart" should be revised to state the chart name, "Benefits Chart" to provide clarity and consistency.

**Objection 7**

- 2/24/2020 Response Letter and Attachments (Supporting Document)

Comments: AGLC108934-2019 - Policyholder Notification Letter

Benefits Chart - Page 3

a) The current premium charged prior to the rate increase should be displayed on the Benefits Chart.

b) The \* that appears for Total Coverage Amount under Option 3 should be variable and the variance explained on the SOV.

c) To determine if Option 3 "Total Coverage Amount" is a viable option, the policyholder must know the total premiums paid and credited to their coverage. Please explain how this is communicated to the policyholder so that they are aware that the benefit may be more or less than 30 times the Daily Maximum.

d) The rows containing Premium Year 1-3 should be variable in the event of a single increase or a series of annual increases. Rather than state "Annual Premium Year #, it should state, "Revised Annual Premium <<r\_policy\_offer\_eff\_date>>". The variance must be explained on the SOV.

e) If a series of rate increases are approved for implementation, the increased rate effective date should be displayed on the table rather than stating "Annual Premium Year" 1, 2 or 3 as suggested in c) above.

**Objection 8**

- 2/24/2020 Response Letter and Attachments (Supporting Document)

Comments: AGLC108934-2019 - Policyholder Notification Letter

Please explain why Options 2 and 3 require the policyholder to select an option or contact a customer service representative within 30 days of the letter. The policyholder notification letter must be sent at least 75 days prior to the implementation date of the approved rate increase. Please describe what occurs if the policyholder misses the 30 day deadline. Our concern would be resolved

**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
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if the Company provided the policyholder with a specific deadline date.

#### Objection 9

- Policyholder Rate Increase Notification Letter , AGLC108934-2019 (Form)  
Comments: AGLC108934-2019 - Policyholder Notification Letter

Please provide an explanation of the <<r\_policy\_offer\_eff\_date>> and how this date is determined. This should be clear on the SOV.

#### Objection 10

Comments: Statement of Variability

The Company Name may not be presented as variable pursuant to 14VAC5-101-60-2. Please revise the SOV as it pertains to <<grp\_program3>> Placeholder for Company name.

#### Objection 11

- Coverage Decrease Election Form, AGL Coverage Decrease Form-2019 (Form)  
- Paid-up Status Election Form, AGL Paid-up Election Form-2019 (Form)

Comments: The full and proper corporate name of the insurer must prominently appear on the first page of all forms pursuant to 14VAC5-101-60 2.

#### Objection 12

- Paid-up Status Election Form, AGL Paid-up Election Form-2019 (Form)

Comments: Please explain why "Premium:" and \$<<FIELD\_31>> appears as variable on this form if the policy is in Paid-Up status.

#### Objection 13

- Paid-up Status Election Form, AGL Paid-up Election Form-2019 (Form)

Comments: Please explain how <<FIELD\_32>>, Decreased Total Coverage Amount effective date is calculated. Clarify the difference between this field and <<r\_policy\_offer\_eff\_date>>. If they are the same, the forms and SOV should be revised for consistency.

#### Objection 14

- Policyholder Rate Increase Notification Letter , AGLC108934-2019 (Form)

Comments: Policyholder Letter - Option 1 and Statement of Variability

The language used in Option 1 is confusing. It should also be bracketed for variability to allow flexibility if the Company issues a single increase instead of a series of annual increases. Our concern would be addressed if the Company considered using a table format following the bold text in place of the second paragraph under Option 1, similar to:

Column 1 = Effective Date of the Increase

Column 2 = Current Premium

Column 3 = % of increase

Column 4 = \$ amount of annual increase

Column 5 = \$ of revised annual premium

The table can be variable by adding rows should the Company wish to be approved to use a series of annual increases in the future.

#### Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions



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<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
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*noted above. A response to our request is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested. Please do not hesitate to contact me if there are any questions.*

*Sincerely,*

*Sincerely,  
Bill Dismore*

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<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/27/2020
Submitted Date	01/27/2020
Respond By Date	02/10/2020

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Dear Brian Ulery,

### Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

### Objection 1

- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)
- Rate Sheets for Non-Tax Qualified Policy , [64028-VA] (Rate)
- Rate Sheets for Inflation Benefit Rider, [64031] (Rate)
- Rate Sheets for Nonforfeiture Benefit Rider, [64032] (Rate)

Comments: Pursuant to the response in the Company's objection letter dated 1/24/2020, the Virginia Bureau of Insurance recognizes the company's revised proposed rate increase of 11%. Please revise the actuarial memorandum, exhibits and the Long Term Care Insurance Rate Request Summary to reflect the revised proposal. In addition, the rate sheets will also need to be revised along with the Rate/Rule Schedule's Company Rate Information section which will require a Post-Submission Update. The Rate Action Information should also reflect the appropriate Percent Rate Change Request.

### Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/02/2020
Submitted Date	01/02/2020
Respond By Date	02/28/2020

Dear Brian Ulery,

### Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

### Objection 1

- Third Party Filer Authorization (Supporting Document)

Comments: The TPA Authorization expired on 12/31/2018. Please provide an updated TPA Authorization letter.

### Objection 2

- 11/27/2018 Response Letter and Attachments (Supporting Document)

Comments: Statement of Variability - Form AGLC108934-2019

1) The Statement of Variability does not include the correct form number (i.e. "2019" instead of "2018"). Please revise.

2) The explanation of variability in the Statement of Variability should be expanded to describe specifically how each variable field might vary from the text as presented.

Statement of Variability ("SOV") - Forms AGL Coverage Decrease Election Form 2019, AGL Paid-up Status Election Form 2019:

1) The SOV should be revised to describe all variable fields appearing in forms AGL Coverage Decrease Election Form 2019 and AGL Paid-up Status Election Form - 2019. The description should be complete and describe how each variable field might vary from the text as presented.

2) Please advise if the customer service contact number and hours of operation fields should be considered as variable. If so, the fields should be bracketed, and the Statement of Variability should be updated with this information.

### Objection 3

- Policyholder Rate Increase Notification Letter , AGLC108934-2019 (Form)

Comments: 1) The full and proper corporate name of the insurer must prominently appear on the first page of the policyholder letter pursuant to 14 VAC 5-100-50 2. Further, the company logo may not be presented in lieu of the full and proper corporate name or presented so prominently as to obscure the insurers name.

2) 14 VAC 5-100-50 5 requires that the type size of the print be no small than 10 point. It appears that the companys address does not meet this requirement.

3) First sentence states that rate increase has been authorized. Please revise the word "authorized" to state something similar to "was found to be compliant with Virginia laws and regulations." For example, "This letter is to notify you that our request for a

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*premium rate increase was found to be compliant with Virginia laws and regulations for your long-term care insurance policy."*

*4) The paragraphs (4th paragraph on page 1 as an example) intended to satisfy the requirements set forth in 14 VAC 5-200-75 D 4 should more closely mirror the regulatory language.*

*5) Please advise if the customer service contact number and hours of operation fields should be considered as variable. If so, the fields should be bracketed, and the Statement of Variability should be updated with this information.*

**Conclusion:**

*We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.*

*A response to this objection is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.*

*Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.*

*Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.*

*Thank you for your courtesy and consideration in this matter.*

*Sincerely,  
Bill Dismore*

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**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/27/2019
Submitted Date	12/27/2019
Respond By Date	01/27/2020

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Dear Brian Ulery,

### Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

One or more items included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

### Objection 1

- 11/9/2018 Response Letter and Attachments (Supporting Document)

Comments: Exhibit F - Filing Status

- 1) The exhibit indicates that the Company expects to file for 10 rate increases of 25% each. Explain the methodology used to determine that 10 increases were necessary to improve the experience outcome.
- 2) The current filing appears to be the 6th of the 10 increases. Please provide an explanation for the change in methodology to a 63% rate increase (Implemented in a series of 20% rate increases over a three year period) instead of the 25% increase that is illustrated in Exhibit F.
- 3) Since the rate increase filed in Virginia is not consistent with Exhibit F- Filing Status, the exhibit needs to be revised so that it is correct.
- 4) Provide an explanation for the reason for smaller rate increases than actuarially justified, given the deteriorating condition of the block and considering the time value of money.
- 5) If the cumulative total of all past approved Virginia rate increases (175%) had been requested with the initial rate increase on 7/25/2006, would the Company have needed the current proposed rate increase of 63%?

### Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the current ages of the Virginia policyholders and their current and proposed annual premium if the rate increase is approved as filed.

### Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Provide a demonstration to support the proposed rate increase based upon the Prospective Present Value (Texas) method.

### Objection 4

- L&H Actuarial Memorandum (Supporting Document)

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**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

Comments: What lifetime loss ratio, looking forward, does the company intend to manage this block of business?

### **Objection 5**

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Virginia Bureau of Insurance has a concern with the large number of increases approved for the Company in the past and the fact that there are only 85 policyholders remaining in the Virginia block. If the pending rate increase request of 63% were granted, the lifetime loss ratio with the proposed increase will be approximately 117%. The Virginia cumulative total increases would amount to 375% compared to the nationwide average cumulative total of 203%.

Virginia would consider approval of an 11% rate increase to bring the Virginia cumulative on par with the nationwide cumulative total. This assumes that Exhibit F provided on 11/09/2018 is the most current experience. Please comment on the Company's consideration of this proposal.

### **Conclusion:**

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Bill Dismore

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/15/2019
Submitted Date	01/15/2019
Respond By Date	02/15/2019

Dear Brian Ulery,

### Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

### Objection 1

- 01/11/2019 Response Letter and Attachments (Supporting Document)

Comments: Please move the following updated attachments to the Form Schedule:

- AGL RI6 VA Policyholder Notification Letter V3.pdf

- AGL RI6 VA Coverage Decrease election Form V2.pdf

-AGL RI6 VA Paid-up Status Election Form V2.pdf

### Objection 2

- 01/11/2019 Response Letter and Attachments (Supporting Document)

Comments: We have a concern with the following statement that appears in the Policyholder Notification Letter, and bold underlined text that appears in the Coverage Decrease Election Form and Paid-up Status Election Form. The policyholder notification letter states, "You are receiving this notification letter at least 75 days prior to the implementation date of the increase." The letter also states in bold, underlined text, "...return the enclosed Coverage Decrease Election Form in the enclosed pre-paid envelope no later than 30 days from the date of this letter." The letter goes on to state that Option 2 or Option 3 must be selected within 30 days of the date of the letter or the policyholder will automatically receive Option 1.

Regarding the 30 days, it is not clear if the policyholder postmarks the return envelope containing the form on the 30th day, if that is acceptable to the Company. The policyholder letter also states that a policyholder can speak to a customer service representative and make other policy changes on the 30th day by telephone.

There is an issue of clarity and we look to the Company to fully reconcile the date inconsistencies in the policyholder notification letter and the Coverage Decrease and Paid-up Status Election Forms.

### Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should

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<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

*reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.*

*Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.*

*Thank you for your courtesy and consideration in this matter.*

*Sincerely,  
Bill Dismore*



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**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/28/2018
Submitted Date	12/28/2018
Respond By Date	01/11/2019

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Dear Brian Ulery,

### **Introduction:**

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

### **Objection 1**

- Policyholder Rate Increase Notification Letter, AGLC108934-2018 (Form)

Comments: 1) Please remove, "Exhibit G - Revised" from the top right hand corner of the letter as it is not pertinent to the policyholder notification letter.

2) After making the latest revisions, please provide a "John Doe" version of the policyholder notification letter, accompanied by the Coverage Decrease Election Form and a second "John Doe" letter accompanied by the Paid-Up Status Election Form.

Please the "John Doe" exhibits under the Supporting Documentation tab.

### **Conclusion:**

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned. Thank you.

Sincerely,  
Bill Dismore

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**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/28/2018
Submitted Date	12/28/2018
Respond By Date	01/11/2019

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Dear Brian Ulery,

### Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

### Objection 1

- Paid-up Status Election Form, AGL Paid-up Election Form-2018 (Form)

Comments: «GRP\_PROGRAM» at the top of the Paid-Up Status Election Form is not defined on the Statement of Variability. Please either add to the Statement of Variability or if not applicable, remove «GRP\_PROGRAM» from the form.

### Objection 2

- Paid-up Status Election Form, AGL Paid-up Election Form-2018 (Form)

Comments: «grp\_program2» is defined on the Statement of Variability, under Coverage Decrease Election Form, as "Program Option 2." Please explain why it also appears above the "LONG TERM CARE PROGRAM OPTION 3 Paid-Up Status Election Form." This is misleading and should be removed or amended.

### Objection 3

- Policyholder Rate Increase Notification Letter, AGLC108934-2018 (Form)

Comments: We apologize for the confusion created by our objection 5. The fourth paragraph had stated, "You are receiving this notification letter at least 75 days prior to the implementation date of the increase." We intended for this statement to remain in the letter. Please revise the fourth paragraph to read, "You are receiving this notification letter at least 75 days prior to the implementation date of the increase."

Our objection # 5. was in reference to the last sentence in paragraph 3 that reads, "Notice of any change in rates will be sent at least 31 days in advance." After reviewing paragraph 3, it is our understanding that the Company's intent was to quote the actual policy language. If this understanding is correct, we do not require any additional changes to paragraph 3 language.

### Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned. Thank you.

Sincerely,  
Bill Dismore

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

**Filing Company:** American General Life Insurance Company

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/28/2018
Submitted Date	11/28/2018
Respond By Date	

Dear Brian Ulery,

### Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

### Objection 1

- 11/27/2018 Response Letter and Attachments (Supporting Document)

Comments: Policyholder Notification Letter - AGLC108934-2018

"American General Life Companies" is not the full and proper corporate name for "American General Life Insurance Company". In accordance with 14VAC5-100-50 2. the full and proper corporate name must be prominently displayed.

### Objection 2

- 11/27/2018 Response Letter and Attachments (Supporting Document)

- Policyholder Rate Increase Notification Letter, AGLC108934-2018 (Form)

Comments: 1. If the Policyholder letter date is variable it should be bracketed and added to the Statement of Variability ("SOV").

2. If the Policyholder name, address, city state and zip code is variable, this should be bracketed and added to the SOV. In addition, the salutation should also be bracketed and made variable.

3. Please consider the use of this letter for future rate increase filings. In the second paragraph of the policyholder ("PH") letter, "three 20% rate increases" should be bracketed and made variable.

4. In the PH letter, second paragraph, the sentence that begins with "This lead ...", the word "lead" appears to be misspelled and should be changed to "led".

5. In the third paragraph, last sentence, of the PH letter, advance notice must be at least 75 days prior to the implementation of the premium rate schedule increase per 14VAC5-200-75 D. The 31 days in advance appears to conflict with this requirement. Please revise.

6. In the fifth paragraph, "..three 25% and a 12.6% increase.." should be bracketed and made variable.

7. On page 2 of the PH letter, first paragraph, "... three rounds of 20%.." and "no further rate increases will be implemented until at least two years.." should be bracketed and made variable.

8. Option 1: the premium figures that appear in the letter should be bracketed and made variable.

9. On page 3, the Feature/Current/Option1-3 table all variable benefits, benefit amounts and premium amounts should be bracketed

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<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

and fully explained on the SOV.

10. Please advise if the Coverage Decrease Election Form and the Paid-Up Status Election Form are attached to the policy once signed and received from the policyholder. If these forms are made a part of the policy, they should be moved to the Form Schedule and comply with 38.2-3725 and 14VAC5-100-50.

**Conclusion:**

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned. Thank you.

Sincerely,  
Bill Dismore

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

**Filing Company:** American General Life Insurance Company

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/25/2018
Submitted Date	10/25/2018
Respond By Date	11/27/2018

Dear Brian Ulery,

### Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

### Objection 1

- Policyholder Rate Increase Notification Letter, AGLC108934-2018 (Form)

Comments: 1. Pursuant to 14VAC5-100-50 2. the full and proper corporate name of the insurer shall prominently appear. The word "Companies" is not consistent with the full and proper corporate name of the insurer.

2. Please include a "Statement of Variability" for the Policyholder Notification Letter, AGLC108934-2018.

3. Please confirm if the Company intends to use the Policy Change Endorsement form AGLC108716 approved in SERFF # LTCG-129225734 or any other forms previously approved along with the policyholder notification letter.

4. If an insureds premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.?

5. Is the Contingent Non-Forfeiture Benefit Election Form part of the policyholder notification letter or a separate form? Will it become part of the policy upon receipt?

6. Will the policyholder receive a revised schedule page if an option is elected? If so, please provide a copy of the form and the date approved, including the SERFF or State tracking number if available.

7. Pursuant to 14VAC5-200-75 D 2 C, the form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.

8. A statement identical to the following which is signed by the General Counsel or an officer of the company or any attorney or actuary representing the company: The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.

### Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned. Thank you.

**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

Sincerely,  
Bill Dismore

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/02/2018
Submitted Date	10/02/2018
Respond By Date	

Dear Brian Ulery,

### Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

### Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.Please provide the 12/31/2017 active life reserve on a nationwide basis for these policies.

2.Please provide a measure of the credibility of the data underlying the morbidity assumptions. Please also provide the historical claim count for this particular block.

3.Please explain what is meant by Historical Inforce and Inforce as of 12/31/2017 in Exhibit L.

4.Please provide the Excel file used to produce Exhibit F Filing Status.

5.Please provide a demonstration that the conversion from a claim cost total lives model to a first principles healthy lives model had no material impact.

6.Please provide the issue date range in Virginia.

7.For all projections requested in the next question, the baseline should comply with the following:

a.Any limited-pay paid-up policies should be removed, both from historical experience and future projections.

b.For this pre-stability block, assumptions should use a best-estimate basis without margins for moderately adverse conditions.

c.Premiums should be at the Virginia rate level for both historical and projected future.

d.Please use the appropriate average maximum valuation interest rate as specified in 14VAC5-200-150 for accumulation and discounting of this block, including any discounting of claim reserves back to the incurral year.

8.Because the Bureau has observed over the years that the anticipated experience of policies with and without inflation is often markedly different, for each of the four subsets of the business corresponding to the combinations of (lifetime/limited benefit periods) and (no inflation/with inflation protection), please provide (IN EXCEL FORMAT) the following projections on a nationwide basis:

a.current assumptions and current rates

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<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

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*b.current assumptions and current rates, using actual nationwide premiums (not Virginia rate level)*

*c.current assumptions and current rates, including paid-up policies (if any)*

*d.current assumptions with the proposed rate increase*

*e.current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection (if applicable)*

*f.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception*

*g.original assumptions and original premiums from inception*

*h.actual past experience (claims, mortality, lapse) but original assumptions in the future, with all premiums at the original premium scale from inception.*

*Projections a-h can be separate tabs or combined into separate columns on the same exhibit.*

*9.For each of the four subsets of the business above, please provide the active life reserves balance as of 12/31/2017 on a nationwide basis.*

*10.For each of the four subsets of the business above, please provide the policy count as of the projection date in Virginia.*

**Conclusion:**

*We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me. Thank you.*

*Sincerely,  
Bill Dismore*



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**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/14/2018
Submitted Date	09/14/2018
Respond By Date	

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Dear Brian Ulery,

### **Introduction:**

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

### **Objection 1**

- 8/14/2018 Response Letter and Attachments (Supporting Document)

Comments: Exhibit H - Rate Request Summary

In our review of the Rate Request Summary it is requested that the summary be written so that a non-insurance professional reviewing this filing would understand the reason for the rate increase and the driving factors. Please revise the summary using more consumer friendly language to describe the reasons for the rate increase. As an example, many consumers do not understand words like "persistency", "morbidity", "lapses" and "mortality rates" without having it defined for them. In addition, the Exhibits are not attached to the summary so the information important to the rate increase should be described in full rather than referring the reader to an exhibit.

### **Conclusion:**

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me. Thank you.

Sincerely,  
Bill Dismore

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

**Filing Company:** American General Life Insurance Company

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/11/2018
Submitted Date	07/11/2018
Respond By Date	08/14/2018

Dear Brian Ulery,

### Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please address the following requests no later than the date above. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

### Objection 1

Comments: Rate/Rule Schedule - Company Rate Information

Please review the Overall % Indicated Change: of 753.000% as this is well above the Maximum % Change of 63.000%

### Objection 2

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates as per instructions for the Long Term Care Insurance Rate Request Summary - Part 1.

### Objection 3

- Cover Letter (Supporting Document)

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Company states that an increase larger than 63% is justified but they are not seeking a higher increase. If this increase is approved and experience develops as anticipated, what targeted loss ratio does the company plan to manage this block in the future?

### Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Exhibit C

Please provide the nationwide actual earned lifetime experience without adjustment to the Virginia rate level for historical, future projected and lifetime.

### Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms introduction.

2. Provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual in force as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale as if no increases had ever been implemented.

3. Provide an actual-to-expected analysis on each assumption, with expected on both original and current assumption basis.

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**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

4. Provide a step-by-step quantification of the impact of the change in each assumption from the original assumptions to the current assumptions.
5. Please provide all factors used, with working formulas in Excel so that all projections can be recreated.
6. Please provide a detailed explanation of the data sources and actuarial review performed in setting each assumption, including discussion of any adjustments made to reflect the company's unique business.
7. Please provide the reserve basis and justification for the reserve levels provided.

#### **Objection 6**

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please identify the amount of Active Life reserves related to these policies.

2. For the next 10 years, provide the projected loss ratio using the following formula:  
$$[(\text{Paid Claims} + \text{IBNP}^{(*)} + \text{IBNR}^{(**)}) - \text{Active Life Reserves}] \text{ divided by } \text{Projected Earned Premiums} = \text{Projected Loss Ratio}$$

(\*) Incurred claims But Not Paid  
(\*\*) Incurred claims But Not Reported

#### **Conclusion:**

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me.

Thank you for your courtesy and prompt response.

Sincerely,  
Bill Dismore

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/01/2020
Submitted Date	07/01/2020

*Dear Bill Dismore,*

### **Introduction:**

*Thank you for your letter and voicemail.*

### **Response 1**

#### **Comments:**

*Please see the updated document.*

### **Related Objection 1**

*Applies To:*

*- Policyholder Rate Increase Notification Letter , AGLC108934-2019 (Form)*

*Comments: Page 1 - 5th paragraph.*

*Please correct the VA BOI website. The correct website is: <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>*

### **Changed Items:**

*No Supporting Documents changed.*

State: Virginia Filing Company: American General Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other  
 Product Name: AGL Individual Long Term Care Insurance  
 Project Name/Number: AGL Rate Increase 6 Filing/AGL RI6 VA

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	AGLC108934-2019	OTH	Initial			AGL RI6 VA Policyholder Notification Letter V6.pdf	Date Submitted: 07/01/2020 By: Melissa Rajsic-McLaughlin
Previous Version								
1	Policyholder Rate Increase Notification Letter	AGLC108934-2019	OTH	Initial			AGL RI6 VA Policyholder Notification Letter V5.pdf	Date Submitted: 05/15/2020 By: Lisa Bauer
Previous Version								
1	Policyholder Rate Increase Notification Letter	AGLC108934-2019	OTH	Initial			AGL RI6 VA Policyholder Notification Letter V4.pdf	Date Submitted: 01/31/2019 By: Lisa Bauer
Previous Version								
1	Policyholder Rate Increase Notification Letter	AGLC108934-2018	OTH	Initial		44.800	AGL RI6 VA Exhibit G Policyholder Notification Letter V2.pdf	Date Submitted: 12/28/2018 By: Lisa Bauer
Previous Version								
1	Policyholder Rate Increase Notification Letter	AGLC108934-2018	OTH	Initial		41.500	AGL RI6 VA Exhibit G Policyholder Notification Letter.pdf	Date Submitted: 05/18/2018 By: Lisa Bauer

No Rate/Rule Schedule items changed.

## Response 2

### Comments:

Please see the updated document.

## Related Objection 2

Applies To:

- Policyholder Rate Increase Notification Letter , AGLC108934-2019 (Form)

State: Virginia Filing Company: American General Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other  
 Product Name: AGL Individual Long Term Care Insurance  
 Project Name/Number: AGL Rate Increase 6 Filing/AGL RI6 VA

Comments: Second Page - 2nd paragraph

The word "Corporate" in "Virginia State ." should be "Corporation". Please revise.

**Changed Items:**

No Supporting Documents changed.

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	AGLC108934-2019	OTH	Initial			AGL RI6 VA Policyholder Notification Letter V6.pdf	Date Submitted: 07/01/2020 By: Melissa Rajsic-McLaughlin
Previous Version								
1	Policyholder Rate Increase Notification Letter	AGLC108934-2019	OTH	Initial			AGL RI6 VA Policyholder Notification Letter V5.pdf	Date Submitted: 05/15/2020 By: Lisa Bauer
Previous Version								
1	Policyholder Rate Increase Notification Letter	AGLC108934-2019	OTH	Initial			AGL RI6 VA Policyholder Notification Letter V4.pdf	Date Submitted: 01/31/2019 By: Lisa Bauer
Previous Version								
1	Policyholder Rate Increase Notification Letter	AGLC108934-2018	OTH	Initial		44.800	AGL RI6 VA Exhibit G Policyholder Notification Letter V2.pdf	Date Submitted: 12/28/2018 By: Lisa Bauer
Previous Version								
1	Policyholder Rate Increase Notification Letter	AGLC108934-2018	OTH	Initial		41.500	AGL RI6 VA Exhibit G Policyholder Notification Letter.pdf	Date Submitted: 05/18/2018 By: Lisa Bauer

No Rate/Rule Schedule items changed.

**Conclusion:**

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

Thank you for your assistance in reviewing this filing.  
Sincerely,  
Melissa Rajsic-McLaughlin

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/15/2020
Submitted Date	05/15/2020

*Dear Bill Dismore,*

### **Introduction:**

*Thank you for your letter dated 4/17/2020.*

### **Response 1**

#### **Comments:**

*Please see the attached response.*

### **Related Objection 1**

*Applies To:*

*- Policyholder Rate Increase Notification Letter , AGLC108934-2019 (Form)*

*Comments: Please update the Form Schedule with the latest version of AGL RI6 VA Policyholder Notification Letter V4.pdf. that was submitted with the Company's objection response of 2/24/2020.*

### **Changed Items:**

*No Supporting Documents changed.*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

### **Response 2**

#### **Comments:**

*Please see the attached response.*

### **Related Objection 2**

*Applies To:*

*- 2/24/2020 Response Letter and Attachments (Supporting Document)*



<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

Comments: AGLC108934-2019 - Policyholder Notification Letter

Page 1, 2nd paragraph, 2nd sentence: As this is a single rate increase of 11% the second sentence should be revised for clarity and variability. Our concern would be addressed if the Company considered alternative language similar to:

"American General Life Insurance Company ("the Company") determined that << an increase / a series of <<#>> annual increases>> of <<11%>> to your current annual premium is necessary."

The Statement of Variability ("SOV") should be expanded and explain any additional variables.

#### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### **Response 3**

##### **Comments:**

Please see the attached response.

#### **Related Objection 3**

Applies To:

- 2/24/2020 Response Letter and Attachments (Supporting Document)

Comments: AGLC108934-2019 - Policyholder Notification Letter

Pursuant to 14VAC5-200 A. 4. the letter must state when the revised premium rate will go into effect (e.g. next anniversary date, next billing date, etc.). Our concern would be addressed if the Company added a sentence immediately following the sentence mentioned in the previous objection similar to:

"The revised annual premium will be adjusted on <<r\_policy\_offer\_eff\_date>> unless your policy were to lapse, in which case you would automatically receive Option 3 as explained under "What are my Options?" explained in this letter below.

#### **Changed Items:**

No Supporting Documents changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### **Response 4**

##### **Comments:**

Please see the attached response.

#### **Related Objection 4**

Applies To:

- 2/24/2020 Response Letter and Attachments (Supporting Document)

Comments: AGLC108934-2019 - Policyholder Notification Letter

Page 1, 4th paragraph, 1st sentence: Replace the word "commission" with "State Corporation Commission".

#### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### **Response 5**

##### **Comments:**

Please see the attached response.

#### **Related Objection 5**

Applies To:

- 2/24/2020 Response Letter and Attachments (Supporting Document)

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

Comments: AGLC108934-2019 - Policyholder Notification Letter

Page 2, 2nd paragraph is confusing to a policyholder with limited insurance knowledge. Our concern would be addressed if the Company provided more simple language similar to the following:

"While a larger rate increase is supported by the claims experience, the Company has decided to implement a smaller increase and will continue to monitor future outcomes. Another rate increase is possible, but any increase proposed will be filed with the Virginia State Corporate Commission for approval. Should a future rate increase be granted, similar options to those described below under "What are my Options?" will be offered."

#### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### **Response 6**

##### **Comments:**

Please see the attached response.

#### **Related Objection 6**

Applies To:

- 2/24/2020 Response Letter and Attachments (Supporting Document)

Comments: AGLC108934-2019 - Policyholder Notification Letter

The word "chart" should be revised to state the chart name, "Benefits Chart" to provide clarity and consistency.

#### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### **Response 7**

##### **Comments:**

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

Please see the attached response.

#### **Related Objection 7**

Applies To:

- 2/24/2020 Response Letter and Attachments (Supporting Document)

Comments: AGLC108934-2019 - Policyholder Notification Letter

#### **Benefits Chart - Page 3**

a) The current premium charged prior to the rate increase should be displayed on the Benefits Chart.

b) The \* that appears for Total Coverage Amount under Option 3 should be variable and the variance explained on the SOV.

c) To determine if Option 3 "Total Coverage Amount" is a viable option, the policyholder must know the total premiums paid and credited to their coverage. Please explain how this is communicated to the policyholder so that they are aware that the benefit may be more or less than 30 times the Daily Maximum.

d) The rows containing Premium Year 1-3 should be variable in the event of a single increase or a series of annual increases. Rather than state "Annual Premium Year #, it should state, "Revised Annual Premium <<r\_policy\_offer\_eff\_date>>". The variance must be explained on the SOV.

e) If a series of rate increases are approved for implementation, the increased rate effective date should be displayed on the table rather than stating "Annual Premium Year" 1, 2 or 3 as suggested in c) above.

#### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### **Response 8**

**Comments:**

Please see the attached response.

#### **Related Objection 8**

Applies To:

- 2/24/2020 Response Letter and Attachments (Supporting Document)

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

Comments: AGLC108934-2019 - Policyholder Notification Letter

Please explain why Options 2 and 3 require the policyholder to select an option or contact a customer service representative within 30 days of the letter. The policyholder notification letter must be sent at least 75 days prior to the implementation date of the approved rate increase. Please describe what occurs if the policyholder misses the 30 day deadline. Our concern would be resolved if the Company provided the policyholder with a specific deadline date.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 9**

**Comments:**

Please see the attached response.

**Related Objection 9**

Applies To:

- Policyholder Rate Increase Notification Letter , AGLC108934-2019 (Form)

Comments: AGLC108934-2019 - Policyholder Notification Letter

Please provide an explanation of the <<r\_policy\_offer\_eff\_date>> and how this date is determined. This should be clear on the SOV.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 10**

**Comments:**

Please see the attached response.

**Related Objection 10**

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

*Comments: Statement of Variability*

The Company Name may not be presented as variable pursuant to 14VAC5-101-60-2. Please revise the SOV as it pertains to <<grp\_program3>> Placeholder for Company name.

**Changed Items:**

*No Supporting Documents changed.*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Response 11**

**Comments:**

*Please see the attached response.*

**Related Objection 11**

*Applies To:*

- Coverage Decrease Election Form, AGL Coverage Decrease Form-2019 (Form)
- Paid-up Status Election Form, AGL Paid-up Election Form-2019 (Form)

*Comments: The full and proper corporate name of the insurer must prominently appear on the first page of all forms pursuant to 14VAC5-101-60 2.*

**Changed Items:**

*No Supporting Documents changed.*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Response 12**

**Comments:**

*Please see the attached response.*

**Related Objection 12**

*Applies To:*

- Paid-up Status Election Form, AGL Paid-up Election Form-2019 (Form)

*Comments: Please explain why "Premium:" and \$<<FIELD\_31>> appears as variable on this form if the policy is in Paid-Up status.*

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 13**

**Comments:**

Please see the attached response.

**Related Objection 13**

Applies To:

- Paid-up Status Election Form, AGL Paid-up Election Form-2019 (Form)

Comments: Please explain how <<FIELD\_32>>, Decreased Total Coverage Amount effective date is calculated. Clarify the difference between this field and <<r\_policy\_offer\_eff\_date>>. If they are the same, the forms and SOV should be revised for consistency.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 14**

**Comments:**

Please see the attached response.

**Related Objection 14**

Applies To:

- Policyholder Rate Increase Notification Letter , AGLC108934-2019 (Form)

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

*Comments: Policyholder Letter - Option 1 and Statement of Variability*

*The language used in Option 1 is confusing. It should also be bracketed for variability to allow flexibility if the Company issues a single increase instead of a series of annual increases. Our concern would be addressed if the Company considered using a table format following the bold text in place of the second paragraph under Option 1, similar to:*

*Column 1 = Effective Date of the Increase  
Column 2 = Current Premium  
Column 3 = % of increase  
Column 4 = \$ amount of annual increase  
Column 5 = \$ of revised annual premium*

*The table can be variable by adding rows should the Company wish to be approved to use a series of annual increases in the future.*

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Response to Objection 20200417
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Obj 20200417 Response.pdf AGL RI6 VA Statement of Variability V4.pdf



SERFF Tracking #:

LTCG-131461895

State Tracking #:

LTCG-131461895

Company Tracking #:

AGL RI6 VA

State: Virginia

Filing Company:

American General Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: AGL Individual Long Term Care Insurance

Project Name/Number: AGL Rate Increase 6 Filing/AGL RI6 VA

## Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Decrease Election Form	AGL Coverage Decrease Form-2019	OTH	Initial			AGL RI6 VA Coverage Decrease Election Form V4.pdf	Date Submitted: 05/15/2020 By: Lisa Bauer
Previous Version								
1	Coverage Decrease Election Form	AGL Coverage Decrease Form-2019	OTH	Initial			AGL RI6 VA Coverage Decrease Election Form V3.pdf	Date Submitted: 01/31/2019 By: Lisa Bauer
Previous Version								
1	Coverage Decrease Election Form	AGL Coverage Decrease Form-2018	OTH	Initial			AGL RI6 VA Exhibit Form Coverage Decrease Election Form-2018.pdf	Date Submitted: 12/28/2018 By: Lisa Bauer
2	Paid-up Status Election Form	AGL Paid-up Election Form-2019	OTH	Initial			AGL RI6 VA Paid-up Status Election Form V4.pdf	Date Submitted: 05/15/2020 By: Lisa Bauer
Previous Version								
2	Paid-up Status Election Form	AGL Paid-up Election Form-2019	OTH	Initial			AGL RI6 VA Paid-up Status Election Form V3.pdf	Date Submitted: 01/31/2019 By: Lisa Bauer
Previous Version								
2	Paid-up Status Election Form	AGL Paid-up Election Form-2018	OTH	Initial			AGL RI6 VA Exhibit Form Paid-up Status Election Form-2018.pdf	Date Submitted: 12/28/2018 By: Lisa Bauer
3	Policyholder Rate Increase Notification Letter	AGLC108934-2019	OTH	Initial			AGL RI6 VA Policyholder Notification Letter V5.pdf	Date Submitted: 05/15/2020 By: Lisa Bauer
Previous Version								

State: Virginia Filing Company: American General Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other  
 Product Name: AGL Individual Long Term Care Insurance  
 Project Name/Number: AGL Rate Increase 6 Filing/AGL RI6 VA

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Decrease Election Form	AGL Coverage Decrease Form-2019	OTH	Initial			AGL RI6 VA Coverage Decrease Election Form V4.pdf	Date Submitted: 05/15/2020 By: Lisa Bauer
3	Policyholder Rate Increase Notification Letter	AGLC108934-2019	OTH	Initial			AGL RI6 VA Policyholder Notification Letter V4.pdf	Date Submitted: 01/31/2019 By: Lisa Bauer
Previous Version								
3	Policyholder Rate Increase Notification Letter	AGLC108934-2018	OTH	Initial		44.800	AGL RI6 VA Exhibit G Policyholder Notification Letter V2.pdf	Date Submitted: 12/28/2018 By: Lisa Bauer
Previous Version								
3	Policyholder Rate Increase Notification Letter	AGLC108934-2018	OTH	Initial		41.500	AGL RI6 VA Exhibit G Policyholder Notification Letter.pdf	Date Submitted: 05/18/2018 By: Lisa Bauer

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you.

Lisa Bauer  
 LTCG  
 Sincerely,  
 Lisa Bauer

State:	Virginia	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	AGL Individual Long Term Care Insurance		
Project Name/Number:	AGL Rate Increase 6 Filing/AGL RI6 VA		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/06/2020
Submitted Date	02/07/2020

Dear Bill Dismore,

### Introduction:

Thank you for your letter of 1/27/2020.

### Response 1

#### Comments:

Please see the attached response letter and attachments.

### Related Objection 1

Applies To:

- Rate Sheets for Non-Tax Qualified Policy , [64028-VA] (Rate)
- Rate Sheets for Inflation Benefit Rider, [64031] (Rate)
- Rate Sheets for Nonforfeiture Benefit Rider, [64032] (Rate)
- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Pursuant to the response in the Company's objection letter dated 1/24/2020, the Virginia Bureau of Insurance recognizes the company's revised proposed rate increase of 11%. Please revise the actuarial memorandum, exhibits and the Long Term Care Insurance Rate Request Summary to reflect the revised proposal. In addition, the rate sheets will also need to be revised along with the Rate/Rule Schedule's Company Rate Information section which will require a Post-Submission Update. The Rate Action Information should also reflect the appropriate Percent Rate Change Request.

### Changed Items:

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Actuarial Memorandum w Exhibits.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>AGL RI 6 VA Actuarial Memorandum 2018_05_18 with Attachments.pdf</i>

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Actuarial Memorandum w Exhibits.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>AGL RI 6 VA Actuarial Memorandum 2018_05_18 with Attachments.pdf</i>

<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	Long Term Care Insurance Rate Request Summary 2018.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Long Term Care Insurance Rate Request Summary 2018.pdf</i>

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Actuarial Memorandum w Exhibits.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>AGL RI 6 VA Actuarial Memorandum 2018_05_18 with Attachments.pdf</i>
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	Long Term Care Insurance Rate Request Summary 2018.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Long Term Care Insurance Rate Request Summary 2018.pdf</i>
<b>Satisfied - Item:</b>	2/7/2020 Response Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Obj 20200127 Response.pdf

No Form Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Sheets for Non-Tax Qualified Policy	64028-VA	Revised	Previous State Filing Number: LTCG-129225734 Percent Rate Change Request: 11	AGL RI6 VA Current Rate Sheets.pdf, AGL RI6 VA Proposed Rate Sheets (with 11% increase).pdf,	02/07/2020 By: Lisa Bauer
<i>Previous Version</i>						
1	Rate Sheets for Non-Tax Qualified Policy	64028-VA	Revised	Previous State Filing Number: LTCG-129225734 Percent Rate Change Request: 63	AGL RI6 VA Proposed Rate Sheets.pdf, AGL RI6 VA Current Rate Sheets.pdf,	05/18/2018 By: Lisa Bauer
2	Rate Sheets for Inflation Benefit Rider	64031	Revised	Previous State Filing Number: LTCG-129225734 Percent Rate Change Request: 11	AGL RI6 VA Current Rate Sheets.pdf, AGL RI6 VA Proposed Rate Sheets (with 11% increase).pdf,	02/07/2020 By: Lisa Bauer
<i>Previous Version</i>						
2	Rate Sheets for Inflation Benefit Rider	64031	Revised	Previous State Filing Number: LTCG-129225734 Percent Rate Change Request: 63	AGL RI6 VA Proposed Rate Sheets.pdf, AGL RI6 VA Current Rate Sheets.pdf,	05/18/2018 By: Lisa Bauer
3	Rate Sheets for Nonforfeiture Benefit Rider	64032	Revised	Previous State Filing Number: LTCG-129225734 Percent Rate Change Request: 11	AGL RI6 VA Current Rate Sheets.pdf, AGL RI6 VA Proposed Rate Sheets (with 11% increase).pdf,	02/07/2020 By: Lisa Bauer
<i>Previous Version</i>						
3	Rate Sheets for Nonforfeiture Benefit Rider	64032	Revised	Previous State Filing Number: LTCG-129225734 Percent Rate Change Request: 11	AGL RI6 VA Proposed Rate Sheets.pdf, AGL RI6 VA Current Rate Sheets.pdf,	05/18/2018 By: Lisa Bauer

State:Virginia

Filing Company:American General Life Insurance Company

TOI/Sub-TOI:LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:AGL Individual Long Term Care Insurance

Project Name/Number:AGL Rate Increase 6 Filing/AGL RI6 VA

Rate/Rule Schedule Item Changes						
				Request: 63		

Conclusion:  
Thank you.

Lisa Bauer  
LTCG  
Sincerely,  
Lisa Bauer

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/24/2020
Submitted Date	02/24/2020

*Dear Bill Dismore,*

### **Introduction:**

*Thank you for your letter dated 1/2/2020.*

### **Response 1**

#### **Comments:**

*An updated TPA Authorization letter has been attached.*

### **Related Objection 1**

*Applies To:*

*- Third Party Filer Authorization (Supporting Document)*

*Comments: The TPA Authorization expired on 12/31/2018. Please provide an updated TPA Authorization letter.*

### **Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Third Party Filer Authorization
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL LTCG Auth 2020.pdf AGL LTCG Auth 2019.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Third Party Filer Authorization</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2018 AGL Third Party Filer Authorization Letter.pdf</i>

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

### **Response 2**



<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

**Comments:**

Please see the attached response letter and attachments.

**Related Objection 2**

Applies To:

- 11/27/2018 Response Letter and Attachments (Supporting Document)

Comments: Statement of Variability - Form AGLC108934-2019

- 1) The Statement of Variability does not include the correct form number (i.e. "2019" instead of "2018"). Please revise.
- 2) The explanation of variability in the Statement of Variability should be expanded to describe specifically how each variable field might vary from the text as presented.

Statement of Variability ("SOV") - Forms AGL Coverage Decrease Election Form 2019, AGL Paid-up Status Election Form 2019:

1) The SOV should be revised to describe all variable fields appearing in forms AGL Coverage Decrease Election Form 2019 and AGL Paid-up Status Election Form - 2019. The description should be complete and describe how each variable field might vary from the text as presented.

2) Please advise if the customer service contact number and hours of operation fields should be considered as variable. If so, the fields should be bracketed, and the Statement of Variability should be updated with this information.

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Third Party Filer Authorization
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL LTCG Auth 2020.pdf AGL LTCG Auth 2019.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Third Party Filer Authorization</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2018 AGL Third Party Filer Authorization Letter.pdf</i>

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Third Party Filer Authorization
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL LTCG Auth 2020.pdf AGL LTCG Auth 2019.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Third Party Filer Authorization</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>2018 AGL Third Party Filer Authorization Letter.pdf</i>
<b>Satisfied - Item:</b>	2/24/2020 Response Letter and Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Obj 20200102 Response.pdf AGL RI6 VA Policyholder Notification Letter V4.pdf AGL RI6 VA Statement of Variability V3.pdf

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

### Response 3

#### Comments:

*Please see the attached response letter and attachments.*

### Related Objection 3

*Applies To:*

*- Policyholder Rate Increase Notification Letter , AGLC108934-2019 (Form)*

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

Comments: 1) The full and proper corporate name of the insurer must prominently appear on the first page of the policyholder letter pursuant to 14 VAC 5-100-50 2. Further, the company logo may not be presented in lieu of the full and proper corporate name or presented so prominently as to obscure the insurers name.

2) 14 VAC 5-100-50 5 requires that the type size of the print be no small than 10 point. It appears that the companys address does not meet this requirement.

3) First sentence states that rate increase has been authorized. Please revise the word "authorized" to state something similar to "was found to be compliant with Virginia laws and regulations." For example, "This letter is to notify you that our request for a premium rate increase was found to be compliant with Virginia laws and regulations for your long-term care insurance policy."

4) The paragraphs (4th paragraph on page 1 as an example) intended to satisfy the requirements set forth in 14 VAC 5-200-75 D 4 should more closely mirror the regulatory language.

5) Please advise if the customer service contact number and hours of operation fields should be considered as variable. If so, the fields should be bracketed, and the Statement of Variability should be updated with this information.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you.

Lisa Bauer

LTCG

Sincerely,

Lisa Bauer

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/24/2020
Submitted Date	01/24/2020

*Dear Bill Dismore,*

### **Introduction:**

*Thank you for your letter of 12/27/2019.*

### **Response 1**

#### **Comments:**

*Please see the attached response letter and attachments.*

### **Related Objection 1**

*Applies To:*

*- 11/9/2018 Response Letter and Attachments (Supporting Document)*

*Comments: Exhibit F - Filing Status*

- 1) The exhibit indicates that the Company expects to file for 10 rate increases of 25% each. Explain the methodology used to determine that 10 increases were necessary to improve the experience outcome.*
- 2) The current filing appears to be the 6th of the 10 increases. Please provide an explanation for the change in methodology to a 63% rate increase (Implemented in a series of 20% rate increases over a three year period) instead of the 25% increase that is illustrated in Exhibit F.*
- 3) Since the rate increase filed in Virginia is not consistent with Exhibit F- Filing Status, the exhibit needs to be revised so that it is correct.*
- 4) Provide an explanation for the reason for smaller rate increases than actuarially justified, given the deteriorating condition of the block and considering the time value of money.*
- 5) If the cumulative total of all past approved Virginia rate increases (175%) had been requested with the initial rate increase on 7/25/2006, would the Company have needed the current proposed rate increase of 63%?*

### **Changed Items:**

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 2

### Comments:

Please see the attached response letter and attachments.

## Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the current ages of the Virginia policyholders and their current and proposed annual premium if the rate increase is approved as filed.

## Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 3

### Comments:

Please see the attached response letter and attachments.

## Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Provide a demonstration to support the proposed rate increase based upon the Prospective Present Value (Texas) method.

## Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State:	Virginia	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	AGL Individual Long Term Care Insurance		
Project Name/Number:	AGL Rate Increase 6 Filing/AGL RI6 VA		

#### Response 4

##### Comments:

*Please see the attached response letter and attachments.*

#### Related Objection 4

*Applies To:*

*- L&H Actuarial Memorandum (Supporting Document)*

*Comments: What lifetime loss ratio, looking forward, does the company intend to manage this block of business?*

#### Changed Items:

*No Supporting Documents changed.*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

#### Response 5

##### Comments:

*Please see the attached response letter and attachments.*

#### Related Objection 5

*Applies To:*

*- L&H Actuarial Memorandum (Supporting Document)*

*Comments: The Virginia Bureau of Insurance has a concern with the large number of increases approved for the Company in the past and the fact that there are only 85 policyholders remaining in the Virginia block. If the pending rate increase request of 63% were granted, the lifetime loss ratio with the proposed increase will be approximately 117%. The Virginia cumulative total increases would amount to 375% compared to the nationwide average cumulative total of 203%.*

*Virginia would consider approval of an 11% rate increase to bring the Virginia cumulative on par with the nationwide cumulative total. This assumes that Exhibit F provided on 11/09/2018 is the most current experience. Please comment on the Company's consideration of this proposal.*

#### Changed Items:

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

Supporting Document Schedule Item Changes	
Satisfied - Item:	1/24/2020 Response letter and attachments.
Comments:	
Attachment(s):	AGL RI6 VA Obj 20191227 Response.pdf Exhibit F - Update.pdf Objection 6.pdf Texas Method.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you.

Lisa Bauer

LTCG

Sincerely,

Lisa Bauer

State:	Virginia	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	AGL Individual Long Term Care Insurance		
Project Name/Number:	AGL Rate Increase 6 Filing/AGL RI6 VA		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/31/2019
Submitted Date	01/31/2019

Dear Bill Dismore,

### Introduction:

Thank you for your letter of January 14, 2019.

### Response 1

#### Comments:

Please see the attached letter and attachments.

### Related Objection 1

Applies To:

- 01/11/2019 Response Letter and Attachments (Supporting Document)

Comments: Please move the following updated attachments to the Form Schedule:

- AGL RI6 VA Policyholder Notification Letter V3.pdf

- AGL RI6 VA Coverage Decrease election Form V2.pdf

-AGL RI6 VA Paid-up Status Election Form V2.pdf

### Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	1/30/2019 Response Letter
Comments:	
Attachment(s):	AGL RI6 VA Response_2019_01_30.pdf



SERFF Tracking #:

LTCG-131461895

State Tracking #:

LTCG-131461895

Company Tracking #:

AGL RI6 VA

State: Virginia

Filing Company:

American General Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: AGL Individual Long Term Care Insurance

Project Name/Number: AGL Rate Increase 6 Filing/AGL RI6 VA

## Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	AGLC108934-2019	OTH	Initial			AGL RI6 VA Policyholder Notification Letter V4.pdf	Date Submitted: 01/31/2019 By: Lisa Bauer
<i>Previous Version</i>								
1	<i>Policyholder Rate Increase Notification Letter</i>	<i>AGLC108934-2018</i>	<i>OTH</i>	<i>Initial</i>		<i>44.800</i>	<i>AGL RI6 VA Exhibit G Policyholder Notification Letter V2.pdf</i>	<i>Date Submitted: 12/28/2018 By: Lisa Bauer</i>
<i>Previous Version</i>								
1	<i>Policyholder Rate Increase Notification Letter</i>	<i>AGLC108934-2018</i>	<i>OTH</i>	<i>Initial</i>		<i>41.500</i>	<i>AGL RI6 VA Exhibit G Policyholder Notification Letter.pdf</i>	<i>Date Submitted: 05/18/2018 By: Lisa Bauer</i>
2	Coverage Decrease Election Form	AGL Coverage Decrease Form-2019	OTH	Initial			AGL RI6 VA Coverage Decrease Election Form V3.pdf	Date Submitted: 01/31/2019 By: Lisa Bauer
<i>Previous Version</i>								
2	<i>Coverage Decrease Election Form</i>	<i>AGL Coverage Decrease Form-2018</i>	<i>OTH</i>	<i>Initial</i>			<i>AGL RI6 VA Exhibit Form Coverage Decrease Election Form-2018.pdf</i>	<i>Date Submitted: 12/28/2018 By: Lisa Bauer</i>
3	Paid-up Status Election Form	AGL Paid-up Election Form-2019	OTH	Initial			AGL RI6 VA Paid-up Status Election Form V3.pdf	Date Submitted: 01/31/2019 By: Lisa Bauer
<i>Previous Version</i>								
3	<i>Paid-up Status Election Form</i>	<i>AGL Paid-up Election Form-2018</i>	<i>OTH</i>	<i>Initial</i>			<i>AGL RI6 VA Exhibit Form Paid-up Status Election Form-2018.pdf</i>	<i>Date Submitted: 12/28/2018 By: Lisa Bauer</i>

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

No Rate/Rule Schedule items changed.

## Response 2

### Comments:

Please see the attached response letter and attachments.

## Related Objection 2

Applies To:

- 01/11/2019 Response Letter and Attachments (Supporting Document)

Comments: We have a concern with the following statement that appears in the Policyholder Notification Letter, and bold underlined text that appears in the Coverage Decrease Election Form and Paid-up Status Election Form. The policyholder notification letter states, "You are receiving this notification letter at least 75 days prior to the implementation date of the increase." The letter also states in bold, underlined text, "...return the enclosed Coverage Decrease Election Form in the enclosed pre-paid envelope no later than 30 days from the date of this letter." The letter goes on to state that Option 2 or Option 3 must be selected within 30 days of the date of the letter or the policyholder will automatically receive Option 1.

Regarding the 30 days, it is not clear if the policyholder postmarks the return envelope containing the form on the 30th day, if that is acceptable to the Company. The policyholder letter also states that a policyholder can speak to a customer service representative and make other policy changes on the 30th day by telephone.

There is an issue of clarity and we look to the Company to fully reconcile the date inconsistencies in the policyholder notification letter and the Coverage Decrease and Paid-up Status Election Forms.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	1/30/2019 Response Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response_2019_01_30.pdf

SERFF Tracking #:

LTCG-131461895

State Tracking #:

LTCG-131461895

Company Tracking #:

AGL RI6 VA

State: Virginia

Filing Company:

American General Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: AGL Individual Long Term Care Insurance

Project Name/Number: AGL Rate Increase 6 Filing/AGL RI6 VA

## Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	AGLC108934-2019	OTH	Initial			AGL RI6 VA Policyholder Notification Letter V4.pdf	Date Submitted: 01/31/2019 By: Lisa Bauer
<i>Previous Version</i>								
1	<i>Policyholder Rate Increase Notification Letter</i>	<i>AGLC108934-2018</i>	<i>OTH</i>	<i>Initial</i>		<i>44.800</i>	<i>AGL RI6 VA Exhibit G Policyholder Notification Letter V2.pdf</i>	<i>Date Submitted: 12/28/2018 By: Lisa Bauer</i>
<i>Previous Version</i>								
1	<i>Policyholder Rate Increase Notification Letter</i>	<i>AGLC108934-2018</i>	<i>OTH</i>	<i>Initial</i>		<i>41.500</i>	<i>AGL RI6 VA Exhibit G Policyholder Notification Letter.pdf</i>	<i>Date Submitted: 05/18/2018 By: Lisa Bauer</i>
2	Coverage Decrease Election Form	AGL Coverage Decrease Form-2019	OTH	Initial			AGL RI6 VA Coverage Decrease Election Form V3.pdf	Date Submitted: 01/31/2019 By: Lisa Bauer
<i>Previous Version</i>								
2	<i>Coverage Decrease Election Form</i>	<i>AGL Coverage Decrease Form-2018</i>	<i>OTH</i>	<i>Initial</i>			<i>AGL RI6 VA Exhibit Form Coverage Decrease Election Form-2018.pdf</i>	<i>Date Submitted: 12/28/2018 By: Lisa Bauer</i>
3	Paid-up Status Election Form	AGL Paid-up Election Form-2019	OTH	Initial			AGL RI6 VA Paid-up Status Election Form V3.pdf	Date Submitted: 01/31/2019 By: Lisa Bauer
<i>Previous Version</i>								
3	<i>Paid-up Status Election Form</i>	<i>AGL Paid-up Election Form-2018</i>	<i>OTH</i>	<i>Initial</i>			<i>AGL RI6 VA Exhibit Form Paid-up Status Election Form-2018.pdf</i>	<i>Date Submitted: 12/28/2018 By: Lisa Bauer</i>

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you.

Lisa Bauer

LTCG

Sincerely,

Lisa Bauer

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/11/2019
Submitted Date	01/11/2019

Dear Bill Dismore,

### Introduction:

Thank you for your letter of 12/28/2018.

### Response 1

#### Comments:

Please see the attached letter and attachments.

### Related Objection 1

Applies To:

- Policyholder Rate Increase Notification Letter, AGLC108934-2018 (Form)

Comments: 1) Please remove, "Exhibit G - Revised" from the top right hand corner of the letter as it is not pertinent to the policyholder notification letter.

2) After making the latest revisions, please provide a "John Doe" version of the policyholder notification letter, accompanied by the Coverage Decrease Election Form and a second "John Doe" letter accompanied by the Paid-Up Status Election Form.

Please the "John Doe" exhibits under the Supporting Documentation tab.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	01/11/2019 Response Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response_2019_01_11 #1.pdf

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	01/11/2019 Response Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response_2019_01_11 #1.pdf
<b>Satisfied - Item:</b>	01/11/2019 Response Letter and Attachments
<b>Comments:</b>	<p>The following documents have been updated and attached pursuant to both objection letters dated 12/28/2018 objection letters:</p> <ol style="list-style-type: none"> <li>1. Policyholder Notification Letter</li> <li>2. Coverage Decrease Election Form</li> <li>3. Paid-up Election Form</li> <li>4. Statement of Variability</li> </ol> <p>A John Doe Policyholder Notification Letter with each form have also been provided.</p>
<b>Attachment(s):</b>	AGL RI6 VA Response_2019_01_11 #2.pdf AGL RI6 VA Policyholder Notification Letter V3.pdf AGL RI6 VA Coverage Decrease Election Form V2.pdf AGL RI6 VA Paid-up Status Election Form V2.pdf AGL RI6 VA Statement of Variability V3.pdf

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	01/11/2019 Response Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response_2019_01_11 #1.pdf
<b>Satisfied - Item:</b>	01/11/2019 Response Letter and Attachments
<b>Comments:</b>	<p>The following documents have been updated and attached pursuant to both objection letters dated 12/28/2018 objection letters:</p> <ol style="list-style-type: none"> <li>1. Policyholder Notification Letter</li> <li>2. Coverage Decrease Election Form</li> <li>3. Paid-up Election Form</li> <li>4. Statement of Variability</li> </ol> <p>A John Doe Policyholder Notification Letter with each form have also been provided.</p>
<b>Attachment(s):</b>	AGL RI6 VA Response_2019_01_11 #2.pdf AGL RI6 VA Policyholder Notification Letter V3.pdf AGL RI6 VA Coverage Decrease Election Form V2.pdf AGL RI6 VA Paid-up Status Election Form V2.pdf AGL RI6 VA Statement of Variability V3.pdf
<b>Satisfied - Item:</b>	John Doe Exhibits
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA PH Letter V3 addressed to John Doe with Coverage Decrease Form.pdf AGL RI6 VA PH Letter V3 addressed to John Doe with Paid-up Status Election Form.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you.

Lisa Bauer  
Sincerely,  
Lisa Bauer

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<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/11/2019
Submitted Date	01/11/2019

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Dear Bill Dismore,

### Introduction:

Thank you for your letter of December 28, 2018.

### Response 1

#### Comments:

Please see the attached response letter.

### Related Objection 1

Applies To:

- Paid-up Status Election Form, AGL Paid-up Election Form-2018 (Form)

Comments: «GRP\_PROGRAM» at the top of the Paid-Up Status Election Form is not defined on the Statement of Variability.

Please either add to the Statement of Variability or if not applicable, remove «GRP\_PROGRAM» from the form.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 2

#### Comments:

Please see the attached response letter.

### Related Objection 2

Applies To:

- Paid-up Status Election Form, AGL Paid-up Election Form-2018 (Form)

Comments: «grp\_program2» is defined on the Statement of Variability, under Coverage Decrease Election Form, as "Program Option 2." Please explain why it also appears above the "LONG TERM CARE PROGRAM OPTION 3 Paid-Up Status Election Form." This is misleading and should be removed or amended.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 3

#### Comments:

Please see the attached response letter.

### Related Objection 3

Applies To:



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**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

- Policyholder Rate Increase Notification Letter, AGLC108934-2018 (Form)

Comments: We apologize for the confusion created by our objection 5. The fourth paragraph had stated, "You are receiving this notification letter at least 75 days prior to the implementation date of the increase." We intended for this statement to remain in the letter. Please revise the fourth paragraph to read, "You are receiving this notification letter at least 75 days prior to the implementation date of the increase."

Our objection # 5. was in reference to the last sentence in paragraph 3 that reads, "Notice of any change in rates will be sent at least 31 days in advance." After reviewing paragraph 3, it is our understanding that the Company's intent was to quote the actual policy language. If this understanding is correct, we do not require any additional changes to paragraph 3 language.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Updates have been made to the Policyholder Notification Letter, Paid-up Status Election Form and Coverage Decrease Form. Please see response #2.

Thank you.

Lisa Bauer

Sincerely,

Lisa Bauer

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/28/2018
Submitted Date	12/28/2018

Dear Bill Dismore,

### Introduction:

Thank you for your letter of 11/28/2018.

### Response 1

#### Comments:

Please see the attached response letter and attachments.

### Related Objection 1

Applies To:

- 11/27/2018 Response Letter and Attachments (Supporting Document)

Comments: Policyholder Notification Letter - AGLC108934-2018

"American General Life Companies" is not the full and proper corporate name for "American General Life Insurance Company". In accordance with 14VAC5-100-50 2. the full and proper corporate name must be prominently displayed.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	12/28/2018 Response Letter and Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response_2018_12_28.pdf AGL RI6 VA Exhibit G Policyholder Notification Letter V2.pdf AGL RI6 VA Statement of Variability V2.pdf

SERFF Tracking #:

LTCG-131461895

State Tracking #:

LTCG-131461895

Company Tracking #:

AGL RI6 VA

State: Virginia

Filing Company:

American General Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: AGL Individual Long Term Care Insurance

Project Name/Number: AGL Rate Increase 6 Filing/AGL RI6 VA

## Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	AGLC108934-2018	OTH	Initial		44.800	AGL RI6 VA Exhibit G Policyholder Notification Letter V2.pdf	Date Submitted: 12/28/2018 By: Lisa Bauer
<i>Previous Version</i>								
1	<i>Policyholder Rate Increase Notification Letter</i>	<i>AGLC108934-2018</i>	<i>OTH</i>	<i>Initial</i>		<i>41.500</i>	<i>AGL RI6 VA Exhibit G Policyholder Notification Letter.pdf</i>	<i>Date Submitted: 05/18/2018 By: Lisa Bauer</i>
2	Coverage Decrease Election Form	AGL Coverage Decrease Form-2018	OTH	Initial			AGL RI6 VA Exhibit Form Coverage Decrease Election Form-2018.pdf	Date Submitted: 12/28/2018 By: Lisa Bauer
3	Paid-up Status Election Form	AGL Paid-up Election Form-2018	OTH	Initial			AGL RI6 VA Exhibit Form Paid-up Status Election Form-2018.pdf	Date Submitted: 12/28/2018 By: Lisa Bauer

No Rate/Rule Schedule items changed.

## Response 2

## Comments:

Please see the attached response letter and attachments.

## Related Objection 2

Applies To:

- Policyholder Rate Increase Notification Letter, AGLC108934-2018 (Form)
- 11/27/2018 Response Letter and Attachments (Supporting Document)

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

Comments: 1. If the Policyholder letter date is variable it should be bracketed and added to the Statement of Variability ("SOV").

2. If the Policyholder name, address, city state and zip code is variable, this should be bracketed and added to the SOV. In addition, the salutation should also be bracketed and made variable.

3. Please consider the use of this letter for future rate increase filings. In the second paragraph of the policyholder ("PH") letter, "three 20% rate increases" should be bracketed and made variable.

4. In the PH letter, second paragraph, the sentence that begins with "This lead ...", the word "lead" appears to be misspelled and should be changed to "led".

5. In the third paragraph, last sentence, of the PH letter, advance notice must be at least 75 days prior to the implementation of the premium rate schedule increase per 14VAC5-200-75 D. The 31 days in advance appears to conflict with this requirement. Please revise.

6. In the fifth paragraph, "..three 25% and a 12.6% increase.." should be bracketed and made variable.

7. On page 2 of the PH letter, first paragraph, "... three rounds of 20%.." and "no further rate increases will be implemented until at least two years.." should be bracketed and made variable.

8. Option 1: the premium figures that appear in the letter should be bracketed and made variable.

9. On page 3, the Feature/Current/Option1-3 table all variable benefits, benefit amounts and premium amounts should be bracketed and fully explained on the SOV.

10. Please advise if the Coverage Decrease Election Form and the Paid-Up Status Election Form are attached to the policy once signed and received from the policyholder. If these forms are made a part of the policy, they should be moved to the Form Schedule and comply with 38.2-3725 and 14VAC5-100-50.

#### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	12/28/2018 Response Letter and Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response_2018_12_28.pdf AGL RI6 VA Exhibit G Policyholder Notification Letter V2.pdf AGL RI6 VA Statement of Variability V2.pdf

SERFF Tracking #:

LTCG-131461895

State Tracking #:

LTCG-131461895

Company Tracking #:

AGL RI6 VA

State: Virginia

Filing Company:

American General Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: AGL Individual Long Term Care Insurance

Project Name/Number: AGL Rate Increase 6 Filing/AGL RI6 VA

## Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	AGLC108934-2018	OTH	Initial		44.800	AGL RI6 VA Exhibit G Policyholder Notification Letter V2.pdf	Date Submitted: 12/28/2018 By: Lisa Bauer
<i>Previous Version</i>								
1	<i>Policyholder Rate Increase Notification Letter</i>	<i>AGLC108934-2018</i>	<i>OTH</i>	<i>Initial</i>		<i>41.500</i>	<i>AGL RI6 VA Exhibit G Policyholder Notification Letter.pdf</i>	<i>Date Submitted: 05/18/2018 By: Lisa Bauer</i>
2	Coverage Decrease Election Form	AGL Coverage Decrease Form-2018	OTH	Initial			AGL RI6 VA Exhibit Form Coverage Decrease Election Form-2018.pdf	Date Submitted: 12/28/2018 By: Lisa Bauer
3	Paid-up Status Election Form	AGL Paid-up Election Form-2018	OTH	Initial			AGL RI6 VA Exhibit Form Paid-up Status Election Form-2018.pdf	Date Submitted: 12/28/2018 By: Lisa Bauer

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you.

Lisa Bauer

LTCG

Sincerely,

Lisa Bauer

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/27/2018
Submitted Date	11/27/2018

*Dear Bill Dismore,*

### **Introduction:**

*Thank you for your letter of 10/25/2018.*

### **Response 1**

#### **Comments:**

*Please see the attached letter and attachments.*

### **Related Objection 1**

*Applies To:*

- Policyholder Rate Increase Notification Letter, AGLC108934-2018 (Form)*

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

Comments: 1. Pursuant to 14VAC5-100-50 2. the full and proper corporate name of the insurer shall prominently appear. The word "Companies" is not consistent with the full and proper corporate name of the insurer.

2. Please include a "Statement of Variability" for the Policyholder Notification Letter, AGLC108934-2018.

3. Please confirm if the Company intends to use the Policy Change Endorsement form AGLC108716 approved in SERFF # LTCG-129225734 or any other forms previously approved along with the policyholder notification letter.

4. If an insureds premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.?

5. Is the Contingent Non-Forfeiture Benefit Election Form part of the policyholder notification letter or a separate form? Will it become part of the policy upon receipt?

6. Will the policyholder receive a revised schedule page if an option is elected? If so, please provide a copy of the form and the date approved, including the SERFF or State tracking number if available.

7. Pursuant to 14VAC5-200-75 D 2 C, the form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.

8. A statement identical to the following which is signed by the General Counsel or an officer of the company or any attorney or actuary representing the company: The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.

#### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	11/27/2018 Response Letter and Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response 2018_11_27.pdf Statement of Variability.pdf 08000-SCH-VA Policy Schedule.pdf

No Form Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you.

Lisa Bauer

Sincerely,

Lisa Bauer



<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/10/2018
Submitted Date	11/09/2018

*Dear Bill Dismore,*

### **Introduction:**

*Thank you for your letter of 10/2/2018.*

### **Response 1**

#### **Comments:**

*Please see the attached response letter and attachments.*

### **Related Objection 1**

*Applies To:*

- L&H Actuarial Memorandum (Supporting Document)*

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

Comments: 1.Please provide the 12/31/2017 active life reserve on a nationwide basis for these policies.

2.Please provide a measure of the credibility of the data underlying the morbidity assumptions. Please also provide the historical claim count for this particular block.

3.Please explain what is meant by Historical Inforce and Inforce as of 12/31/2017 in Exhibit L.

4.Please provide the Excel file used to produce Exhibit F Filing Status.

5.Please provide a demonstration that the conversion from a claim cost total lives model to a first principles healthy lives model had no material impact.

6.Please provide the issue date range in Virginia.

7.For all projections requested in the next question, the baseline should comply with the following:

a.Any limited-pay paid-up policies should be removed, both from historical experience and future projections.

b.For this pre-stability block, assumptions should use a best-estimate basis without margins for moderately adverse conditions.

c.Premiums should be at the Virginia rate level for both historical and projected future.

d.Please use the appropriate average maximum valuation interest rate as specified in 14VAC5-200-150 for accumulation and discounting of this block, including any discounting of claim reserves back to the incurral year.

8.Because the Bureau has observed over the years that the anticipated experience of policies with and without inflation is often markedly different, for each of the four subsets of the business corresponding to the combinations of (lifetime/limited benefit periods) and (no inflation/with inflation protection), please provide (IN EXCEL FORMAT) the following projections on a nationwide basis:

a.current assumptions and current rates

b.current assumptions and current rates, using actual nationwide premiums (not Virginia rate level)

c.current assumptions and current rates, including paid-up policies (if any)

d.current assumptions with the proposed rate increase

e.current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection (if applicable)

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

*f.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception*

*g.original assumptions and original premiums from inception*

*h.actual past experience (claims, mortality, lapse) but original assumptions in the future, with all premiums at the original premium scale from inception.*

*Projections a-h can be separate tabs or combined into separate columns on the same exhibit.*

*9.For each of the four subsets of the business above, please provide the active life reserves balance as of 12/31/2017 on a nationwide basis.*

*10.For each of the four subsets of the business above, please provide the policy count as of the projection date in Virginia.*

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	11/9/2018 Response Letter and Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response _2018_11_09.pdf AGL RI6 VA Objection 5.pdf AGL RI6 VA Objection 8.xlsx AGL RI6 VA Exhibit F Filing Status.xlsx

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

*Thank you.*

*Lisa Bauer*

*Sincerely,*

*Lisa Bauer*

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/10/2018
Submitted Date	10/24/2018

Dear Bill Dismore,

### Introduction:

Thank you for your letter dated 9/14/2018.

### Response 1

#### Comments:

Please see the attached response letter and attachment.

### Related Objection 1

Applies To:

- 8/14/2018 Response Letter and Attachments (Supporting Document)

Comments: Exhibit H - Rate Request Summary

In our review of the Rate Request Summary it is requested that the summary be written so that a non-insurance professional reviewing this filing would understand the reason for the rate increase and the driving factors. Please revise the summary using more consumer friendly language to describe the reasons for the rate increase. As an example, many consumers do not understand words like "persistency", "morbidity", "lapses" and "mortality rates" without having it defined for them. In addition, the Exhibits are not attached to the summary so the information important to the rate increase should be described in full rather than referring the reader to an exhibit.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	10/24/2018 Response Letter and Attachment
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response_2018_10_24.pdf AGL RI6 VA Revised Exhibit H_2018_10_24.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

Thank you.

Lisa Bauer

Sincerely,

Lisa Bauer

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/14/2018
Submitted Date	08/14/2018

Dear Bill Dismore,

### **Introduction:**

Thank you for your letter of 7/11/2018.

### **Response 1**

#### **Comments:**

Please see the attached letter and attachments.

### **Related Objection 1**

Comments: Rate/Rule Schedule - Company Rate Information

Please review the Overall % Indicated Change: of 753.000% as this is well above the Maximum % Change of 63.000%

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### **Response 2**

#### **Comments:**

Please see the attached letter and attachments.

### **Related Objection 2**

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates as per instructions for the Long Term Care Insurance Rate Request Summary - Part 1.

### **Changed Items:**

State:	Virginia	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	AGL Individual Long Term Care Insurance		
Project Name/Number:	AGL Rate Increase 6 Filing/AGL RI6 VA		

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 3

#### Comments:

Please see the attached letter and attachments.

### Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)
- Cover Letter (Supporting Document)

Comments: The Company states that an increase larger than 63% is justified but they are not seeking a higher increase. If this increase is approved and experience develops as anticipated, what targeted loss ratio does the company plan to manage this block in the future?

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 4

#### Comments:

Please see the attached letter and attachments.

### Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Exhibit C

Please provide the nationwide actual earned lifetime experience without adjustment to the Virginia rate level for historical, future projected and lifetime.

### Changed Items:

No Supporting Documents changed.

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 5

### Comments:

Please see the attached letter and attachments.

## Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms introduction.

2. Provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual in force as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale as if no increases had ever been implemented.

3. Provide an actual-to-expected analysis on each assumption, with expected on both original and current assumption basis.

4. Provide a step-by-step quantification of the impact of the change in each assumption from the original assumptions to the current assumptions.

5. Please provide all factors used, with working formulas in Excel so that all projections can be recreated.

6. Please provide a detailed explanation of the data sources and actuarial review performed in setting each assumption, including discussion of any adjustments made to reflect the company's unique business.

7. Please provide the reserve basis and justification for the reserve levels provided.



<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 6**

**Comments:**

Please see the attached letter and attachments.

**Related Objection 6**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. Please identify the amount of Active Life reserves related to these policies.

2. For the next 10 years, provide the projected loss ratio using the following formula:

$[(\text{Paid Claims} + \text{IBNP}(\text{*}) + \text{IBNR}(\text{**})) - \text{Active Life Reserves}] \text{ divided by Projected Earned Premiums} = \text{Projected Loss Ratio}$

(\*) Incurred claims But Not Paid

(\*\*) Incurred claims But Not Reported

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	8/14/2018 Response Letter and Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response_2018_08_14.pdf AGL RI6 VA Exhibit H - Primary Rate Drivers.pdf AGI RI6 VA Exhibit M - Description of Assumptions.pdf AGL RI6 VA Excel Exhibits.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

Thank you.

Lisa Bauer

LTCG

Sincerely,

Lisa Bauer

**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

## Note To Filer

**Created By:**

Bill Dismore on 01/30/2020 07:15 AM

**Last Edited By:**

Bill Dismore

**Submitted On:**

04/02/2020 09:53 AM

**Subject:**

Extension Granted - 2/28/2020

**Comments:**

An extension has been granted to respond by 2/28/2020.

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<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

## Note To Reviewer

**Created By:**

Lisa Bauer on 01/29/2020 01:59 PM

**Last Edited By:**

Bill Dismore

**Submitted On:**

04/02/2020 09:53 AM

**Subject:**

Extension Request - Objection dated 1/2/2020

**Comments:**

Our actuaries need more time to assemble the response to your letter of 1/2/2020. We would like to request an extension of the deadline to February 28, 2020.

Thank you.

Lisa Bauer  
LTCG

**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

## Note To Filer

**Created By:**

Bill Dismore on 10/08/2019 09:43 AM

**Last Edited By:**

Bill Dismore

**Submitted On:**

04/02/2020 09:53 AM

**Subject:**

Status Update

**Comments:**

This rate increase request and the policyholder notification letter is currently under review by Management. Once their review is completed we will advise if there are additional questions that need to be addressed. Thank you for your patience.

**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

## Note To Reviewer

**Created By:**

Lisa Bauer on 10/03/2019 01:05 PM

**Last Edited By:**

Bill Dismore

**Submitted On:**

04/02/2020 09:53 AM

**Subject:**

Status Update

**Comments:**

Can you please update us on the status of your review of this filing?

Thank you!

Lisa Bauer

LTCG

Lisa.Bauer@ltcg.com

**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

## Note To Filer

**Created By:**

Bill Dismore on 07/17/2019 01:57 PM

**Last Edited By:**

Bill Dismore

**Submitted On:**

04/02/2020 09:53 AM

**Subject:**

Status Inquiry

**Comments:**

This filing is currently under further review at management level. We will respond with additional information as soon as possible. Thank you.

**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

## Note To Reviewer

**Created By:**

Lisa Bauer on 07/17/2019 01:46 PM

**Last Edited By:**

Bill Dismore

**Submitted On:**

04/02/2020 09:53 AM

**Subject:**

Status Inquiry

**Comments:**

Good Afternoon,

Can you please update us on the status of your review of this filing?

Thank you!

Lisa Bauer

LTCG

Lisa.Bauer@ltcg.com



**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

## Note To Filer

**Created By:**

Bill Dismore on 05/10/2019 12:30 PM

**Last Edited By:**

Bill Dismore

**Submitted On:**

04/02/2020 09:53 AM

**Subject:**

Status Update

**Comments:**

Due to changes in our rate analysis process, this filing is currently under further review at management level. We will respond with additional information as soon as possible. Thank you.

**State:** Virginia**Filing Company:** American General Life Insurance Company**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other**Product Name:** AGL Individual Long Term Care Insurance**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

## Note To Reviewer

**Created By:**

Lisa Bauer on 05/10/2019 11:27 AM

**Last Edited By:**

Bill Dismore

**Submitted On:**

04/02/2020 09:53 AM

**Subject:**

Status Update

**Comments:**

Good Morning,

Can you please update us on the status of your review of this filing?

Thank you!

Lisa Bauer

LTCG

Lisa.Bauer@ltcg.com

**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

## Reviewer Note

**Created By:**

Bill Dismore on 02/11/2020 07:01 AM

**Last Edited By:**

Bill Dismore

**Submitted On:**

02/11/2020 07:02 AM

**Subject:**

Actuarial Review - Final Summary & Report

**Comments:**

11/21/2018 - received actuarial summary and final report.



November 21, 2018

Life and Health Division  
Bureau of Insurance  
State Corporation Commission  
P. O. Box 1157  
Richmond, VA 23218

Subject: **Long Term Care Rate Increase Request  
SERFF Tracking #LTCG-131461895**

At the request of the Virginia SCC Bureau of Insurance (the “Bureau”), I have reviewed the filing for the above captioned submission from **American General Life Insurance Company** (the “Company”). This is a filing of revised premium rates for a block of Individual Long Term Care Insurance plans. This block of business is not available for new issues.

### **Recommendation**

My review of this filing was performed according to the provisions of 14VAC5-200-150. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, “Long-Term Care Insurance” and Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”. After review of the Company’s submission, I believe that the Company has demonstrated that the request is in compliance with all applicable regulations and recommend that the Bureau approve the requested rate increase.

### **Background**

The Company submitted a request for a series of three 20% increases for all policies. Alternatively, the Company will implement as a single rate increase of 63%. This policy form was issued in Virginia from 1997-2002 and, as of 12/31/2017, there were 85 policyholders in force with \$346k of annualized premium. There have been five prior rate increases in the state:

<b>Approval Date</b>	<b>Increase</b>
7/25/2006	25%
10/1/2008	25%
5/29/2011	25%
3/14/2013	12.6%
11/6/2015	25%

## Analysis

### Assumptions

The assumptions used in the filing are considered best estimate and do not reflect moderately adverse conditions. Details are provided in Exhibit M, so I have only provided a brief summary below.

The interest assumption used in this analysis is based on the average maximum valuation interest rate of 4.5%.

For mortality, the Company used the Annuity 2000 Table with 30 years of improvement and issue age factors from 53% to 60%.

The lapse rates vary by duration, with the ultimate duration 14+ assumption of 1.75% with some adjustment for policy benefits.

The morbidity assumption is based on the Company's historical claims experience using a first-principles approach.

The Company uses the American Academy of Actuaries standard of 3,246 claims for full credibility. Historically, there have been 3,375 claims for this particular block on a nationwide basis, meaning the data would be considered fully credible.

### Loss Ratio Test

The minimum loss ratio standards under 14VAC5-200-150 are applicable to this filing. The originally filed loss ratio was 61%, which recalculates to 62.5% at 4.5% interest. Results by segment are as follows:

Benefit Period	Inflation	Original Lifetime LR*	Before Increase		After Increase		Restated From Inception
			Fut LR w/ ALR	Lifetime LR	Fut LR w/ ALR	Lifetime LR	
Limited	None	63%	179%	95%	124%	92%	55%
Limited	Auto	63%	289%	135%	193%	124%	78%
Lifetime	None	63%	265%	131%	179%	125%	76%
Lifetime	Auto	63%	283%	143%	185%	129%	83%

\* The Company was unable to split this by segment, but would unlikely cause any failures due to anticipated loss ratios well above this average.

Highlighted cells indicate that a particular test was failed. Since all results are above 80%, they will by default meet the dual loss ratio test (60/80).

An alternative measure to test the recouping of past losses is to ensure that the present value of future losses in dollar terms is no less than if the original assumptions were to continue from this date forward. This test passes as shown below.

PV Future Losses Test		
Original	Current	Proposed
(118.9M)	(318.3M)	(263.1M)

#### State Rate Equity

The current weighted average rate increase in all states is 203% (range 0% to 506%). Virginia's current average increase is 175%, and approval of the full requested increase would be 375%. The Bureau could potentially push back on the increase based on these results, but I don't believe there is a statutory basis for this action.

#### Future Rate Management

The Company was unwilling to provide a target loss ratio to which they are seeking to manage the business should this request be approved, instead indicating that future increases are likely.

#### **Reliance and Qualifications**

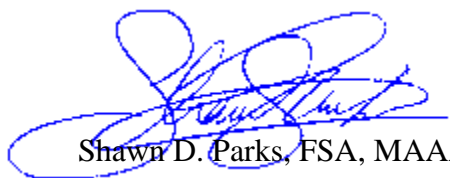
I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion. I am responsible for this work and have utilized generally accepted actuarial methodologies in arriving at my opinion.

If you have any questions regarding this filing, please contact me for discussion.

Sincerely,



Shawn D. Parks, FSA, MAAA

**State:** Virginia**Filing Company:** American General Life Insurance Company**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other**Product Name:** AGL Individual Long Term Care Insurance**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

## Reviewer Note

**Created By:**

Bill Dismore on 09/14/2018 01:27 PM

**Last Edited By:**

Bill Dismore

**Submitted On:**

07/02/2020 08:52 AM

**Subject:**

RRS

**Comments:**

Rate Review Summary

Long Term Care Insurance Rate Request Summary  
Part 1 – To Be Completed By Company

**Reset Form**

Company Name and NAIC Number: American General Life Insurance Company NAIC#60488

SERFF Tracking Number: LTCG-131461895

Effective Date: 4/1/2020

Revised Rates

Average Annual Premium Per Member: \$4,928

Average Requested Percentage Rate Change Per Member: 11%

Minimum Requested Percentage Rate Change Per Member: 11%

Maximum Requested Percentage Rate Change Per Member: 11%

Number of Policy Holders Affected : 73

Plans Affected

(The Form Number and "Product Name")

Form#

"Product Name"(if applicable)

64028-VA C12271VA 64031 64032 64035-VA	Non Tax-Qualified Tax Qualified Inflation Benefit Nonforfeiture Benefit Contingent Nonforfeiture Benefit
--	--

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.



***This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.***

American General Life Insurance Company Development of Revised Rates  
For Individual Long Term Care Policy Form Series 64028

The product was originally priced for a 61% lifetime loss ratio. Exhibit B provides the originally filed loss ratios for this policy by duration.

This rate filing is a request for three consecutive annual rate increases of 20%. While a rate increase larger than the current request can be justified at this time, the company is currently not seeking a higher increase. Instead the company will continue to monitor emerging experience and review whether an additional rate increase is necessary. In past premium rate increase filings, the company has taken and communicated a consistent approach in that the company has chosen not to request the full justified rate increase but rather the company has requested a lower rate increase and has continued to monitor experience.

As stated, the company has continued to monitor experience. In general, increased usage of benefits and higher than anticipated number of claims have led to higher than expected costs which have been a primary driver in the need for revised rates. Additionally, more policies have remained active and in force than originally anticipated.

The loss ratio exhibit provided with the filing material demonstrates a lifetime loss ratio (incurred claim / earned premiums) of 125.3% before implementing the requested rate increase and 116.6% after implementing the proposed rate increase. The product was originally priced for a 61% lifetime loss ratio.

More detail pertaining to the development of rates and the drivers of the revised rates can be found throughout the filing materials, primarily in the Actuarial Memorandum, Exhibit C, Exhibit L, and Exhibit M.

## **Long Term Care Insurance Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance**

Company Name and NAIC Number: American General Life Insurance Company - 60488

SERFF Tracking Number: LTCG-131461895

Disposition: Approved & Filed

Approval Date: 7/02/2020

### **Revised Rates**

Average Annual Premium Per Member: \$4,928

Average Requested Percentage Rate Change Per Member: 11%

Minimum Requested Percentage Rate Change Per Member: 11%

Maximum Requested Percentage Rate Change Per Member: 11%

Number of Policy Holders Affected: 73

### **Summary of the Bureau of Insurance's review of the rate request:**

The Company requested 72.8% and the Bureau approved a rate increase of 11% for this block of individual long-term care insurance policy forms.

The filing was reviewed by the Bureau's consulting actuary and determined to comply with the requirements for a rate increase set forth in 14VAC5-200-150 of the Virginia Administrative Code for policies issued prior to October 1, 2003. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 124.0% with the increase, which exceeds the minimum required loss ratio of 60%.

The Company has advised that they will continue to monitor future outcomes on this block and a future rate increase is possible, but any future increase will be filed with the Virginia State Corporation Commission for review and approval.

The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit

period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at:  
<https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

**State:** Virginia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.003 Other  
**Product Name:** AGL Individual Long Term Care Insurance  
**Project Name/Number:** AGL Rate Increase 6 Filing/AGL RI6 VA

## Post Submission Update Request Processed On 02/11/2020

Status: Allowed  
Created By: Lisa Bauer  
Processed By: Bill Dismore  
Comments:

### General Information:

Field Name	Requested Change	Prior Value
Overall Rate Impact	11	63
Implementation Date Requested	04/01/2020	On Approval

### Company Rate Information:

Company Name: American General Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Rate Impact	11.000%	63.000%
Written Premium Change for this Program	\$36659	\$218173
Number of Policy Holders Affected for this Program	79	85
Written Premium for this Program	\$333265	\$346306
Maximum %Change (where required)	11.000%	63.000%
Minimum %Change (where required)	11.000%	63.000%

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

## Form Schedule

Lead Form Number: 64028-VA								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed 07/02/2020	Policyholder Rate Increase Notification Letter	AGLC10893 4-2019	OTH	Initial			AGL RI6 VA Policyholder Notification Letter V6.pdf
2	Filed 07/02/2020	Coverage Decrease Election Form	AGL Coverage Decrease Form-2019	OTH	Initial			AGL RI6 VA Coverage Decrease Election Form V4.pdf
3	Filed 07/02/2020	Paid-up Status Election Form	AGL Paid-up Election Form-2019	OTH	Initial			AGL RI6 VA Paid-up Status Election Form V4.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NAP</b>	Network Access Plan
<b>NOC</b>	Notice of Coverage	<b>OTH</b>	Other
<b>OUT</b>	Outline of Coverage	<b>PJK</b>	Policy Jacket
<b>POL</b>	Policy/Contract/Fraternal Certificate	<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
<b>PRC</b>	Provider Contract/Provider Addendum/Provider Leading Agreement	<b>PRD</b>	Provider Directory

«Date»

## American General Life Insurance Company

P.O. Box 64036

St. Paul, MN 55164

«First Name» «Middle Name» «Last Name»

«Address 1»

«Address 2»

RE: American General Life Insurance Company

Long-Term Care Insurance Plan

Policy Number: «policy\_no»

Dear «First Name» «Last Name»:

### **Important Change in Your Long-Term Care Insurance Policy**

This letter is to notify you that our request for a premium rate increase was found to be compliant with Virginia laws and regulations for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company ("the Company") determined that «an increase / a series of «#» annual increases» of «11%» to your current annual premium is necessary. The revised annual premium will be adjusted on «r\_policy\_offer\_eff\_date\_1» unless your policy were to lapse, in which case you would automatically receive Option 3 as explained under "What are my Options?" section in this letter below.

Since the time original premium rates were calculated for your policy, individuals are living longer and keeping their policies longer. This led to more claims being filed than the company anticipated when the policy was originally priced, and increased cost of services. As a result, the premium rates for your policy need to be increased to provide sufficient funds to pay current claims and future claims. The section titled "Guaranteed Renewability – Premiums Subject to Change" on the first page of the contract gives the insurance company this right. The section states:

This policy is guaranteed renewable for your lifetime. We cannot cancel this policy as long as you pay the premiums and you have not exhausted your Benefit Account Value. We can change the Renewal Premium rate. We can change it only if it is changed for all policies in your state of residence on this policy form. Notice of any change in rates will be sent at least 75 days in advance.

The rate increase request was reviewed by the State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. The rate increase will apply to all like policies in your state of issue in accordance with the terms of your policy contract. You are receiving this notification letter at least 75 days prior to the implementation date of the increase.

Past renewal premium rate increases on this policy form approved by Virginia's State Corporation Commission include «rate increase history» increase. You have a right to a revised premium rate or rate schedule.

While a larger rate increase is supported by the claims experience, the Company has decided to implement a smaller increase and will continue to monitor future outcomes. Another rate increase is possible, but any increase proposed will be filed with the Virginia State Corporation Commission for approval. Should a future rate increase be granted, similar options to those described below under "What are my Options?" will be offered.

#### ***What are my Options?***

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. **The three options may not be of equal value.** The effective date of your selected option will be «r\_policy\_offer\_eff\_date\_1».

---

**Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected under Option 1 in the Benefits chart below. To select this option you do nothing. Do not return the “Coverage Decrease Election Form.” Do not send any money at this time.**

Effective Date of the Increase	Current	% of Increase	\$ Amount of Increase	\$ of Revised Annual Premium
«r_policy_offer_eff_date_1»	«Field 22»	«11%»	«Field 1»	«Field 5»
«r_policy_offer_eff_date_2»	«Field 22»	«11%»	«Field 2»	«Field 4»
«r_policy_offer_eff_date_3»	«Field 22»	«11%»	«Field 3»	«Field 6»

If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your «r\_policy\_offer\_eff\_date\_1» billing.

---

**Option 2: You may reduce your Maximum Daily Benefit as reflected under Option 2 in the Benefits chart below and your current premium will remain the same.**

Alternatively, you may be able to make other policy changes such as reducing your benefit period, modifying rider selections or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

**To select the option to reduce your Maximum Daily Benefit, simply sign, date, and return the enclosed “Coverage Decrease Election Form” in the enclosed pre-paid envelope and postmarked no later than 75 days from the date of this letter. To make other policy changes, please call 1 (888) 316-2672 and speak to a customer service representative no later than 75 days from the date of this letter. Please note you have the option to lower your premium by reducing benefits at any time in the future by calling Customer Service at 1 (888) 316-2672.**

---

**Option 3:** You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum, as reflected under Option 3 in the Benefits Chart below. Please note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.

To select this option, simply complete and return the enclosed “Paid-Up Status Election Form” in the enclosed envelope and postmarked no later than 75 days from the date of this letter.

#### **Benefits Chart**

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Daily Maximum	«Field 17»	«Field 17»	«Field 18»	«Field 19»
Assisted Living Facility Daily Maximum	«Field 17»	«Field 17»	«Field 18»	«Field 19»
Home Health Care Daily Maximum	«Field 17»	«Field 17»	«Field 18»	«Field 19»
Total Coverage Amount	«Field 21»	«Field 21»	«Field 23»	«*»
Revised Annual Premium «r_policy_offer_eff_date_1»	«Field 22»	«Field 24»	«Field 22»	\$0
Revised Annual Premium «r_policy_offer_eff_date_2»	«Field 22»	«Field 25»	N/A	N/A
Revised Annual Premium «r_policy_offer_eff_date_3»	«Field 22»	«Field 26»	N/A	N/A

**NOTE: If you do not select Option 2 or Option 3 within the next 75 days, you will automatically receive Option 1 at that time. In that case your next premium invoice will reflect the increased premium.**

**However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.**

*\*Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

We realize that this offer is complicated. Feel free to call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration  
American General Life Insurance Company

Enclosure(s)

cc: «AGENT\_MAILING\_NAME»  
«AGENT\_SF\_NAME»  
«agent\_address1»  
«agent\_address2»  
«agent\_city» «agent\_state» «agent\_zip»



**Address Change Reminder:**

**If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:**

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Policy Number: «policy\_no»

Return To: American General Life Insurance Company  
Long Term Care Service and Claims Center  
P.O. Box 64036  
St. Paul, MN 55164-9916

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**American General Life Insurance Company**  
**LONG-TERM CARE PROGRAM**  
**Option 2**  
**COVERAGE DECREASE ELECTION FORM**

**To select the decrease to your Coverage Amounts and maintain your current Premium, you must sign and date this form in the box below and return this form in the envelope provided and postmarked no later than 75 days from the date of this letter.**

**NOTE: If you do not select Option 2 or Option 3 by 75 days from the date of this letter, you will automatically receive Option 1. In that case your next premium invoice will reflect the increased premium.**

Decreased Nursing Home Care Maximum Daily Amount:	«rp_0_offer_nh_benefit_mdb_01»
Decreased Assisted Living Facility Care Maximum Daily Amount:	«rp_0_offer_al_benefit_mdb_01»
Decreased Home Health Care Maximum Daily Amount:	«rp_0_offer_hc_benefit_mdb_01»
Decreased Total Coverage Amount:	«rp_0_offer_remain_lifemax_01»
Premium/Premium Mode:	«r_curr_cvg_modal_prem» / «r_policy_bill_freq_desc»

Insured: ««First Name» «Middle Name» «Last Name»

Policy Number: «policy\_no»

**My signature below affirms my selection of Option 2 to take the decrease to my Coverage Amounts with my current Premium remaining the same as shown above.**

**I understand my decreased Coverage Amounts will be effective «r\_policy\_offer\_eff\_date\_1».**

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Date

**Please return this form in the envelope provided and  
postmarked no later than 75 days from the date of this letter.**

If you have any questions regarding your options, please call 1 (888) 316-2672.

**American General Life Insurance Company**  
**LONG TERM CARE PROGRAM**  
**Option 3**  
**Paid-Up Status Election Form**

**To convert your coverage to a paid-up status with a reduced coverage amount of \$«FIELD\_30»\* you must sign and date this form in the box below and return this form in the envelope provided and postmarked no later than 75 days from the date of this letter.**

Nursing Home Care Maximum Daily Amount: \$«FIELD\_27»  
Assisted Living Facility Care Maximum Daily Amount: \$«FIELD\_28»  
Home Health Care Maximum Daily Amount: \$«FIELD\_29»  
Decreased Total Coverage Amount: \$«FIELD\_30» \*  
Premium: \$0

*\*Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

**If you have any questions regarding your options, please call 1 (888) 316-2672**

Insured: «First Name» «Middle Name» «Last Name»  
Policy Number: «policy\_no»

**My signature below affirms my selection of Option 3 to convert my coverage to a paid-up status with a decreased Total Coverage Amount and no future Premium as shown above.**

**I understand my decreased Total Coverage Amount will be effective «r\_policy\_offer\_eff\_date\_1».**

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Date

**Please return this form in the envelope provided and  
postmarked no later than 75 days from the date of this letter.**

Please make sure address  
shows through the envelope  
window.

American General Life Insurance Company  
P.O. BOX 64036  
ST. PAUL, MN 55164-9916

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF - Review and Approval
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	25.000%
<b>Effective Date of Last Rate Revision:</b>	05/01/2016
<b>Filing Method of Last Filing:</b>	SERFF - Review and Approval
<b>SERFF Tracking Number of Last Filing:</b>	

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
American General Life Insurance Company	753.000%	11.000%	\$36,659	79	\$333,265	11.000%	11.000%

SERFF Tracking #:

LTCG-131461895

State Tracking #:

LTCG-131461895

Company Tracking #:

AGL RI6 VA

State: Virginia

Filing Company:

American General Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: AGL Individual Long Term Care Insurance

Project Name/Number: AGL Rate Increase 6 Filing/AGL RI6 VA

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Sheets for Non-Tax Qualified Policy	64028-VA	Revised	Previous State Filing Number: LTCG-129225734 Percent Rate Change Request: 11	AGL RI6 VA Current Rate Sheets.pdf, AGL RI6 VA Proposed Rate Sheets (with 11% increase).pdf,
2		Rate Sheets for Inflation Benefit Rider	64031	Revised	Previous State Filing Number: LTCG-129225734 Percent Rate Change Request: 11	AGL RI6 VA Current Rate Sheets.pdf, AGL RI6 VA Proposed Rate Sheets (with 11% increase).pdf,
3		Rate Sheets for Nonforfeiture Benefit Rider	64032	Revised	Previous State Filing Number: LTCG-129225734 Percent Rate Change Request: 11	AGL RI6 VA Current Rate Sheets.pdf, AGL RI6 VA Proposed Rate Sheets (with 11% increase).pdf,

American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 0% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 All Areas

Policy form Series 64028  
 Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	69	85	96	99	146
50-59	89	111	128	155	230
60-64	134	164	183	194	288
65-69	196	234	265	283	328
70	293	336	384	428	504
71	325	371	424	473	561
72	359	405	463	519	624
73	414	469	539	605	718
74	465	528	614	691	815
75	519	591	691	775	914
76	571	656	766	859	1,010
77	626	715	843	943	1,106
78	694	793	930	1,043	1,221
79	759	868	1,019	1,144	1,339
80	825	941	1,106	1,243	1,454
81	891	1,019	1,195	1,343	1,571
82	958	1,091	1,283	1,441	1,686
83	1,048	1,198	1,408	1,583	1,839
84	1,141	1,308	1,531	1,723	1,990
85	1,233	1,415	1,660	1,865	2,145
86	1,329	1,520	1,785	2,004	2,296
87	1,421	1,628	1,911	2,146	2,448
88	1,583	1,810	2,125	2,386	2,724
89	1,744	1,993	2,341	2,629	2,998

American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 50% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 Area 1

Policy form Series 64028  
 Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	89	108	121	133	168
50-59	116	141	160	178	239
60-64	173	211	238	255	328
65-69	253	304	343	370	449
70	349	421	476	525	634
71	380	459	525	571	694
72	414	501	569	625	755
73	471	570	649	713	859
74	526	639	729	801	959
75	581	705	809	889	1,063
76	639	775	889	976	1,166
77	694	846	970	1,064	1,266
78	773	935	1,075	1,184	1,395
79	856	1,021	1,180	1,300	1,519
80	935	1,110	1,285	1,421	1,645
81	1,014	1,198	1,388	1,540	1,768
82	1,096	1,286	1,494	1,660	1,891
83	1,203	1,415	1,639	1,823	2,066
84	1,309	1,540	1,788	1,986	2,235
85	1,416	1,668	1,934	2,146	2,406
86	1,524	1,791	2,078	2,310	2,576
87	1,630	1,915	2,224	2,471	2,746
88	1,814	2,134	2,475	2,750	3,059
89	1,998	2,349	2,725	3,026	3,365

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028  
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	98	121	139	149	178
50-59	131	156	176	194	248
60-64	190	238	266	289	350
65-69	281	344	386	420	518
70	380	480	529	579	705
71	414	515	581	634	771
72	448	556	630	684	835
73	504	630	715	775	941
74	561	704	800	868	1,048
75	618	780	881	958	1,154
76	678	853	965	1,048	1,264
77	736	926	1,053	1,140	1,371
78	825	1,026	1,166	1,273	1,504
79	915	1,124	1,285	1,406	1,634
80	1,008	1,221	1,399	1,539	1,766
81	1,098	1,318	1,519	1,673	1,899
82	1,188	1,416	1,634	1,803	2,031
83	1,304	1,554	1,794	1,979	2,214
84	1,419	1,695	1,954	2,158	2,394
85	1,535	1,831	2,113	2,334	2,580
86	1,653	1,970	2,275	2,510	2,763
87	1,768	2,110	2,434	2,690	2,946
88	1,968	2,345	2,708	2,990	3,278
89	2,166	2,583	2,981	3,291	3,608



American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy Form Series 64028 with 64032  
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	86	103	116	124	183
50-59	111	139	156	190	283
60-64	168	201	226	239	354
65-69	239	288	325	349	403
70	353	405	463	515	606
71	393	449	508	570	678
72	429	484	556	625	746
73	493	560	645	724	859
74	554	626	729	824	969
75	616	703	816	920	1,081
76	674	773	903	1,013	1,189
77	738	843	991	1,109	1,299
78	815	930	1,091	1,223	1,436
79	891	1,019	1,196	1,344	1,574
80	970	1,106	1,299	1,461	1,711
81	1,048	1,196	1,405	1,575	1,845
82	1,125	1,283	1,506	1,695	1,979
83	1,231	1,408	1,655	1,858	2,163
84	1,343	1,535	1,800	2,024	2,341
85	1,451	1,661	1,950	2,190	2,521
86	1,563	1,788	2,099	2,356	2,696
87	1,669	1,914	2,245	2,525	2,878
88	1,858	2,125	2,498	2,805	3,199
89	2,048	2,343	2,750	3,088	3,520

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64032  
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	111	133	153	166	210
50-59	143	175	199	223	298
60-64	211	261	295	316	406
65-69	309	371	420	455	550
70	420	508	574	634	766
71	458	554	630	689	835
72	494	600	680	748	905
73	561	680	775	853	1,026
74	625	759	868	951	1,141
75	689	838	958	1,054	1,258
76	755	915	1,048	1,153	1,374
77	815	996	1,141	1,251	1,493
78	908	1,099	1,264	1,388	1,639
79	1,004	1,203	1,386	1,529	1,785
80	1,099	1,308	1,510	1,669	1,934
81	1,195	1,408	1,630	1,810	2,078
82	1,286	1,513	1,756	1,950	2,223
83	1,409	1,661	1,925	2,144	2,426
84	1,539	1,810	2,101	2,331	2,626
85	1,663	1,958	2,271	2,525	2,826
86	1,791	2,103	2,443	2,715	3,026
87	1,915	2,253	2,615	2,904	3,229
88	2,134	2,506	2,911	3,230	3,595
89	2,345	2,759	3,201	3,560	3,955

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet

Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64032  
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	120	153	173	185	223
50-59	160	196	219	239	309
60-64	238	295	331	359	431
65-69	344	424	473	515	635
70	459	570	640	701	853
71	499	618	701	761	926
72	535	668	758	824	1,001
73	604	755	856	926	1,125
74	669	838	949	1,031	1,246
75	736	923	1,046	1,133	1,371
76	800	1,008	1,140	1,239	1,493
77	864	1,090	1,233	1,338	1,609
78	970	1,205	1,371	1,494	1,766
79	1,075	1,318	1,510	1,651	1,920
80	1,184	1,436	1,645	1,806	2,075
81	1,289	1,549	1,785	1,964	2,231
82	1,398	1,663	1,920	2,120	2,384
83	1,531	1,828	2,109	2,328	2,603
84	1,668	1,990	2,294	2,535	2,814
85	1,803	2,154	2,486	2,745	3,031
86	1,943	2,315	2,673	2,949	3,246
87	2,078	2,478	2,859	3,159	3,460
88	2,310	2,756	3,181	3,510	3,851
89	2,548	3,034	3,504	3,868	4,241

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	134	173	190	209	289
50-59	173	216	244	261	366
60-64	226	283	318	349	508
65-69	318	393	438	473	606
70	449	526	600	669	835
71	491	570	651	736	908
72	535	614	705	801	983
73	596	689	800	905	1,103
74	660	766	891	1,010	1,223
75	724	838	985	1,114	1,349
76	789	914	1,075	1,219	1,470
77	846	991	1,169	1,321	1,590
78	920	1,074	1,266	1,433	1,723
79	991	1,154	1,364	1,541	1,855
80	1,063	1,239	1,463	1,653	1,989
81	1,131	1,320	1,560	1,766	2,120
82	1,203	1,405	1,655	1,876	2,253
83	1,304	1,520	1,794	2,025	2,418
84	1,408	1,639	1,934	2,180	2,583
85	1,510	1,758	2,069	2,334	2,746
86	1,611	1,876	2,209	2,486	2,913
87	1,716	1,993	2,345	2,639	3,076
88	1,891	2,198	2,584	2,913	3,394
89	2,066	2,399	2,823	3,179	3,704

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	173	219	245	266	344
50-59	219	279	315	343	438
60-64	288	366	415	450	606
65-69	405	504	569	616	815
70	529	659	746	824	1,070
71	571	705	806	891	1,159
72	616	758	868	959	1,243
73	684	845	969	1,070	1,381
74	750	934	1,070	1,184	1,519
75	820	1,019	1,173	1,295	1,660
76	889	1,106	1,274	1,408	1,795
77	958	1,195	1,374	1,520	1,934
78	1,040	1,285	1,486	1,653	2,069
79	1,125	1,374	1,601	1,785	2,209
80	1,210	1,470	1,714	1,915	2,345
81	1,294	1,560	1,828	2,048	2,481
82	1,378	1,651	1,936	2,180	2,618
83	1,496	1,791	2,101	2,359	2,813
84	1,616	1,933	2,260	2,535	3,003
85	1,730	2,068	2,421	2,715	3,193
86	1,848	2,209	2,583	2,893	3,385
87	1,968	2,349	2,745	3,070	3,576
88	2,169	2,588	3,026	3,386	3,946
89	2,366	2,826	3,300	3,695	4,308

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet

Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	190	245	279	300	375
50-59	244	310	353	384	476
60-64	323	410	465	506	660
65-69	450	569	639	695	930
70	579	733	835	913	1,210
71	624	789	898	983	1,304
72	661	843	964	1,054	1,398
73	738	938	1,070	1,173	1,549
74	809	1,035	1,180	1,289	1,696
75	880	1,128	1,286	1,408	1,848
76	951	1,223	1,398	1,524	1,999
77	1,021	1,320	1,505	1,641	2,146
78	1,119	1,419	1,630	1,791	2,289
79	1,211	1,519	1,756	1,936	2,434
80	1,308	1,618	1,879	2,088	2,576
81	1,399	1,716	2,003	2,235	2,716
82	1,494	1,814	2,125	2,384	2,859
83	1,624	1,969	2,301	2,576	3,069
84	1,750	2,123	2,478	2,771	3,280
85	1,876	2,275	2,658	2,968	3,489
86	2,004	2,428	2,834	3,164	3,696
87	2,131	2,583	3,009	3,354	3,906
88	2,350	2,848	3,319	3,701	4,309
89	2,569	3,108	3,621	4,038	4,705

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy Form Series 64028 with 64031 and 64032  
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	168	211	238	255	359
50-59	211	266	300	325	455
60-64	281	353	395	429	630
65-69	393	480	536	581	746
70	543	635	724	809	1,008
71	590	684	783	881	1,091
72	640	738	846	959	1,176
73	713	824	956	1,081	1,318
74	789	913	1,063	1,203	1,459
75	859	993	1,166	1,320	1,598
76	926	1,079	1,266	1,440	1,733
77	996	1,163	1,373	1,554	1,866
78	1,079	1,260	1,493	1,683	2,024
79	1,163	1,360	1,604	1,813	2,179
80	1,250	1,454	1,718	1,943	2,338
81	1,329	1,550	1,831	2,075	2,491
82	1,409	1,646	1,944	2,201	2,646
83	1,531	1,788	2,109	2,383	2,840
84	1,655	1,925	2,271	2,561	3,034
85	1,774	2,066	2,434	2,745	3,229
86	1,893	2,201	2,595	2,920	3,420
87	2,014	2,343	2,756	3,103	3,616
88	2,223	2,583	3,038	3,420	3,988
89	2,426	2,816	3,316	3,735	4,354

American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 50% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 Area 1

Policy Form Series 64028 with 64031 and 64032  
 Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	211	271	304	331	428
50-59	271	344	388	424	543
60-64	354	455	515	560	755
65-69	499	618	695	758	999
70	640	794	900	993	1,294
71	689	850	970	1,074	1,395
72	739	908	1,040	1,153	1,493
73	820	1,010	1,159	1,278	1,651
74	894	1,109	1,274	1,408	1,806
75	970	1,205	1,388	1,535	1,968
76	1,048	1,304	1,504	1,661	2,120
77	1,125	1,405	1,618	1,788	2,271
78	1,221	1,510	1,750	1,943	2,434
79	1,321	1,618	1,880	2,099	2,595
80	1,421	1,724	2,013	2,253	2,756
81	1,519	1,831	2,145	2,406	2,914
82	1,619	1,936	2,278	2,561	3,076
83	1,758	2,103	2,470	2,771	3,300
84	1,899	2,268	2,658	2,979	3,528
85	2,033	2,429	2,848	3,190	3,750
86	2,174	2,595	3,034	3,398	3,976
87	2,310	2,759	3,225	3,608	4,203
88	2,549	3,041	3,560	3,981	4,636
89	2,781	3,321	3,879	4,343	5,059



American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 100% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 Area 1

Policy Form Series 64028 with 64031 and 64032  
 Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	238	304	344	371	465
50-59	300	386	438	473	591
60-64	399	508	579	626	820
65-69	554	695	783	856	1,141
70	701	881	1,008	1,099	1,463
71	748	948	1,081	1,184	1,571
72	794	1,010	1,154	1,265	1,679
73	880	1,119	1,278	1,399	1,850
74	964	1,230	1,406	1,535	2,020
75	1,043	1,338	1,528	1,669	2,189
76	1,124	1,443	1,646	1,800	2,359
77	1,203	1,550	1,768	1,926	2,525
78	1,316	1,668	1,915	2,103	2,693
79	1,426	1,785	2,064	2,278	2,859
80	1,535	1,900	2,209	2,454	3,026
81	1,645	2,014	2,350	2,626	3,193
82	1,756	2,134	2,498	2,803	3,361
83	1,906	2,313	2,703	3,026	3,605
84	2,055	2,495	2,913	3,255	3,855
85	2,201	2,673	3,121	3,485	4,100
86	2,356	2,856	3,328	3,715	4,344
87	2,505	3,034	3,533	3,943	4,593
88	2,763	3,343	3,899	4,350	5,060
89	3,016	3,651	4,255	4,748	5,526

American General Life Insurance Company of Delaware  
Policy Form Series 64028  
Long Term Care Policy

Rate Schedule

I. Substandard Rate classifications

Issue Age	Standard	Select	Underwriting Problems
18-59	129%	175%	210%
60-64	129%	174%	210%
65-69	126%	170%	205%
70-74	125%	167%	202%
75-79	123%	166%	200%
80-84	118%	160%	192%
85-89	114%	154%	185%

II. Area Rating

Area 1: All other areas.

Area 2: California, New York, All other Florida counties not included in Area 3.

Area 3: Florida counties: Dade, Broward, Fort Lauderdale, Palm.

III. Elimination Period

Elimination Period	Percentage Discount
0	0%
7	6%
14	10%
20	12%
30	13%
60	22%
100	28%

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy form Series 64028  
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	76.29	91.55	103.76	109.85	161.72
50-59	97.66	122.06	140.37	170.88	253.28
60-64	149.52	180.04	201.40	213.62	317.35
65-69	216.66	259.36	292.94	314.31	363.14
70	323.47	372.28	424.16	472.98	558.43
71	360.08	411.95	469.93	524.85	622.49
72	396.69	448.56	512.64	576.71	689.63
73	457.74	518.76	598.07	671.32	796.41
74	515.69	585.87	680.47	765.91	903.22
75	576.71	656.07	765.91	860.52	1,013.07
76	634.70	726.25	848.32	952.05	1,119.88
77	695.73	793.36	933.74	1,046.65	1,226.67
78	768.96	878.82	1,031.39	1,156.50	1,354.84
79	842.19	961.20	1,129.04	1,269.40	1,486.06
80	915.43	1,043.61	1,226.67	1,379.23	1,614.20
81	988.65	1,129.04	1,324.33	1,489.10	1,742.37
82	1,061.89	1,211.41	1,421.97	1,598.94	1,870.51
83	1,162.59	1,330.42	1,562.33	1,754.57	2,041.40
84	1,266.34	1,449.44	1,699.63	1,910.20	2,209.22
85	1,370.08	1,568.43	1,840.02	2,068.87	2,380.11
86	1,473.84	1,687.43	1,980.38	2,224.48	2,547.94
87	1,577.58	1,806.45	2,120.75	2,383.16	2,715.77
88	1,754.57	2,007.83	2,358.74	2,648.63	3,020.91
89	1,934.61	2,212.27	2,596.77	2,917.17	3,326.05

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy form Series 64028  
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	97.66	119.03	134.27	146.46	186.14
50-59	128.18	155.62	176.99	198.35	265.49
60-64	189.20	234.96	262.45	283.78	363.14
65-69	277.70	335.66	378.39	408.91	497.38
70	384.49	466.87	527.89	579.79	701.84
71	421.11	509.60	579.79	634.70	768.96
72	457.74	555.38	628.60	692.67	836.10
73	521.80	631.65	720.15	790.32	952.05
74	582.82	707.94	808.64	887.96	1,064.95
75	643.86	784.22	897.14	985.61	1,177.85
76	707.94	860.52	985.61	1,083.25	1,293.80
77	768.96	939.84	1,077.14	1,180.91	1,406.70
78	857.45	1,037.47	1,193.12	1,312.12	1,547.07
79	949.01	1,135.13	1,309.06	1,443.32	1,684.38
80	1,037.47	1,232.77	1,425.02	1,577.58	1,824.77
81	1,125.97	1,330.42	1,540.97	1,708.79	1,962.07
82	1,214.48	1,428.06	1,656.93	1,840.02	2,099.38
83	1,333.45	1,568.43	1,818.64	2,023.10	2,291.63
84	1,452.48	1,708.79	1,983.44	2,203.13	2,480.79
85	1,571.48	1,849.16	2,145.14	2,383.16	2,669.99
86	1,690.51	1,986.49	2,306.87	2,563.20	2,859.18
87	1,809.48	2,126.85	2,468.60	2,743.23	3,048.38
88	2,013.93	2,367.91	2,746.26	3,051.42	3,393.19
89	2,215.35	2,605.94	3,023.96	3,359.61	3,734.94

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028  
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	106.79	134.27	152.58	164.79	198.35
50-59	143.42	173.94	195.29	213.62	274.65
60-64	210.54	262.45	295.98	320.40	387.53
65-69	311.26	381.43	427.19	463.82	573.68
70	421.11	530.96	588.92	640.80	784.22
71	457.74	570.63	643.86	701.84	854.41
72	494.34	616.39	698.76	759.81	924.59
73	558.43	698.76	793.36	860.52	1,043.61
74	622.49	781.16	884.93	961.20	1,162.59
75	686.57	863.57	979.51	1,061.89	1,281.59
76	750.67	945.95	1,071.05	1,162.59	1,400.61
77	814.74	1,028.32	1,165.66	1,263.29	1,519.62
78	915.43	1,138.17	1,293.80	1,409.77	1,666.09
79	1,016.13	1,244.99	1,425.02	1,559.27	1,812.55
80	1,116.83	1,354.84	1,553.17	1,705.75	1,959.02
81	1,217.51	1,461.64	1,684.38	1,855.27	2,105.49
82	1,318.21	1,571.48	1,812.55	2,001.73	2,251.96
83	1,446.39	1,724.04	1,989.52	2,197.02	2,456.37
84	1,574.52	1,879.67	2,166.53	2,395.36	2,657.80
85	1,702.70	2,032.25	2,346.54	2,590.64	2,862.25
86	1,833.90	2,187.87	2,523.53	2,785.93	3,066.66
87	1,962.07	2,340.44	2,700.50	2,984.29	3,268.07
88	2,181.77	2,602.85	3,005.65	3,316.89	3,637.29
89	2,404.52	2,865.29	3,307.74	3,652.54	4,003.47

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy Form Series 64028 with 64032  
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	94.61	112.89	128.18	137.31	201.40
50-59	122.06	152.58	173.94	210.54	314.31
60-64	186.14	222.77	250.23	265.49	393.64
65-69	265.49	317.35	360.08	384.49	445.51
70	390.59	448.56	512.64	570.63	674.37
71	433.32	497.38	564.52	631.65	750.67
72	476.02	537.05	616.39	692.67	826.94
73	546.21	619.45	714.05	802.53	952.05
74	613.34	695.73	808.64	912.38	1,074.10
75	683.53	778.11	906.27	1,019.19	1,199.22
76	747.59	857.45	1,000.88	1,122.92	1,321.27
77	817.78	933.74	1,098.51	1,229.72	1,440.28
78	903.22	1,031.39	1,211.41	1,357.87	1,592.85
79	988.65	1,129.04	1,327.37	1,492.15	1,745.42
80	1,077.14	1,226.67	1,440.28	1,620.31	1,897.99
81	1,162.59	1,327.37	1,556.23	1,748.46	2,047.51
82	1,248.03	1,421.97	1,672.17	1,879.67	2,197.02
83	1,367.03	1,562.33	1,836.97	2,062.76	2,398.42
84	1,489.10	1,702.70	1,995.65	2,245.85	2,596.77
85	1,611.15	1,843.06	2,163.45	2,431.99	2,798.14
86	1,733.21	1,983.44	2,328.24	2,615.06	2,993.44
87	1,852.21	2,123.80	2,493.00	2,801.23	3,191.81
88	2,062.76	2,358.74	2,770.68	3,112.45	3,548.81
89	2,273.31	2,599.80	3,051.42	3,426.74	3,908.87

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64032  
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	122.06	146.46	167.84	183.09	231.91
50-59	158.67	192.24	219.71	247.15	329.56
60-64	234.96	289.89	326.51	350.92	451.60
65-69	341.76	411.95	463.82	503.47	610.29
70	463.82	564.52	637.74	701.84	848.32
71	506.55	613.34	698.76	762.86	924.59
72	549.26	665.22	753.72	829.99	1,003.93
73	622.49	753.72	860.52	945.95	1,138.17
74	692.67	842.19	961.20	1,055.81	1,266.34
75	762.86	930.68	1,061.89	1,168.70	1,394.50
76	836.10	1,016.13	1,162.59	1,278.54	1,525.71
77	903.22	1,104.63	1,266.34	1,388.40	1,653.88
78	1,006.98	1,220.57	1,400.61	1,540.97	1,818.64
79	1,113.76	1,333.45	1,537.92	1,696.59	1,980.38
80	1,220.57	1,449.44	1,675.21	1,852.21	2,145.14
81	1,324.33	1,562.33	1,809.48	2,007.83	2,306.87
82	1,428.06	1,678.30	1,946.82	2,163.45	2,465.54
83	1,565.38	1,843.06	2,136.01	2,377.07	2,691.36
84	1,705.75	2,007.83	2,331.29	2,587.61	2,914.12
85	1,846.11	2,172.61	2,520.48	2,801.23	3,136.85
86	1,986.49	2,334.33	2,709.67	3,011.76	3,359.61
87	2,126.85	2,499.11	2,901.92	3,222.31	3,582.39
88	2,367.91	2,782.89	3,228.41	3,585.42	3,988.22
89	2,602.85	3,060.58	3,551.84	3,948.55	4,387.94

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet

Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64032  
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	131.21	167.84	189.20	204.45	247.15
50-59	176.99	216.66	241.07	265.49	341.76
60-64	262.45	326.51	366.18	396.69	479.08
65-69	381.43	469.93	524.85	570.63	704.89
70	509.60	631.65	710.99	775.07	945.95
71	552.29	686.57	775.07	845.24	1,028.32
72	591.97	738.46	839.15	912.38	1,110.72
73	668.28	836.10	949.01	1,028.32	1,248.03
74	741.49	930.68	1,052.74	1,144.30	1,382.28
75	814.74	1,022.23	1,159.55	1,257.19	1,519.62
76	884.93	1,116.83	1,263.29	1,373.14	1,653.88
77	958.15	1,208.36	1,370.08	1,483.00	1,785.09
78	1,077.14	1,336.54	1,519.62	1,656.93	1,959.02
79	1,193.12	1,461.64	1,675.21	1,830.87	2,129.90
80	1,312.12	1,592.85	1,824.77	2,004.77	2,300.79
81	1,431.11	1,717.95	1,980.38	2,178.72	2,474.70
82	1,550.13	1,846.11	2,129.90	2,352.65	2,645.57
83	1,699.63	2,026.15	2,337.39	2,581.52	2,886.65
84	1,849.16	2,209.22	2,544.89	2,813.42	3,121.60
85	2,001.73	2,389.26	2,758.49	3,045.33	3,362.68
86	2,154.30	2,569.31	2,965.98	3,274.17	3,603.73
87	2,306.87	2,749.31	3,173.48	3,506.08	3,838.70
88	2,563.20	3,057.54	3,530.48	3,896.66	4,275.04
89	2,825.62	3,365.72	3,887.51	4,290.31	4,705.30



American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	149.52	189.20	210.54	228.87	320.40
50-59	189.20	238.03	268.54	289.89	405.83
60-64	250.23	314.31	353.97	384.49	564.52
65-69	353.97	433.32	485.18	524.85	674.37
70	497.38	582.82	665.22	741.49	924.59
71	543.17	631.65	723.18	814.74	1,006.98
72	591.97	680.47	784.22	887.96	1,089.34
73	662.16	762.86	884.93	1,003.93	1,223.61
74	732.33	848.32	988.65	1,119.88	1,357.87
75	802.53	930.68	1,092.42	1,235.82	1,495.21
76	872.72	1,013.07	1,193.12	1,351.79	1,629.48
77	939.84	1,098.51	1,296.86	1,467.73	1,763.72
78	1,019.19	1,190.08	1,406.70	1,589.80	1,910.20
79	1,098.51	1,281.59	1,513.50	1,711.84	2,056.66
80	1,177.85	1,373.14	1,623.35	1,833.90	2,206.18
81	1,254.14	1,464.69	1,730.17	1,959.02	2,352.65
82	1,333.45	1,556.23	1,836.97	2,081.08	2,499.11
83	1,446.39	1,687.43	1,989.52	2,248.89	2,682.20
84	1,562.33	1,818.64	2,145.14	2,419.78	2,865.29
85	1,675.21	1,949.86	2,297.71	2,590.64	3,048.38
86	1,788.14	2,081.08	2,450.28	2,758.49	3,231.44
87	1,904.08	2,212.27	2,602.85	2,929.36	3,414.54
88	2,099.38	2,438.09	2,868.34	3,231.44	3,765.45
89	2,291.63	2,660.84	3,130.76	3,527.42	4,110.26

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	189.20	241.07	271.57	295.98	381.43
50-59	241.07	308.18	347.87	378.39	485.18
60-64	317.35	405.83	460.77	500.43	674.37
65-69	448.56	558.43	628.60	683.53	903.22
70	588.92	729.30	826.94	912.38	1,186.99
71	634.70	784.22	894.05	988.65	1,284.64
72	683.53	839.15	961.20	1,064.95	1,379.23
73	759.81	936.78	1,074.10	1,186.99	1,531.83
74	833.03	1,034.44	1,186.99	1,312.12	1,684.38
75	909.35	1,129.04	1,299.92	1,437.23	1,840.02
76	985.61	1,226.67	1,412.81	1,562.33	1,992.57
77	1,061.89	1,324.33	1,525.71	1,687.43	2,145.14
78	1,153.45	1,425.02	1,650.83	1,833.90	2,297.71
79	1,248.03	1,525.71	1,775.94	1,980.38	2,450.28
80	1,342.63	1,629.48	1,901.04	2,126.85	2,602.85
81	1,434.19	1,730.17	2,026.15	2,273.31	2,752.40
82	1,528.75	1,830.87	2,151.25	2,419.78	2,904.96
83	1,659.98	1,986.49	2,331.29	2,618.13	3,118.56
84	1,791.20	2,142.11	2,508.28	2,813.42	3,332.14
85	1,919.33	2,294.66	2,688.30	3,011.76	3,542.71
86	2,050.56	2,450.28	2,865.29	3,210.10	3,756.30
87	2,181.77	2,605.94	3,045.33	3,408.43	3,969.89
88	2,407.57	2,871.38	3,359.61	3,759.35	4,378.79
89	2,627.27	3,136.85	3,664.75	4,101.11	4,778.53

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	210.54	271.57	308.18	332.60	415.01
50-59	268.54	344.81	390.59	424.16	527.89
60-64	357.01	454.66	515.69	561.47	732.33
65-69	500.43	628.60	707.94	772.01	1,031.39
70	640.80	811.69	924.59	1,010.03	1,342.63
71	689.63	872.72	994.78	1,089.34	1,446.39
72	735.39	933.74	1,068.00	1,168.70	1,550.13
73	817.78	1,040.53	1,186.99	1,299.92	1,717.95
74	897.14	1,147.34	1,309.06	1,431.11	1,882.73
75	976.46	1,251.09	1,428.06	1,562.33	2,050.56
76	1,055.81	1,357.87	1,550.13	1,690.51	2,218.39
77	1,135.13	1,464.69	1,669.12	1,821.69	2,383.16
78	1,241.93	1,574.52	1,809.48	1,986.49	2,541.83
79	1,345.69	1,684.38	1,946.82	2,151.25	2,700.50
80	1,449.44	1,794.24	2,084.12	2,316.05	2,859.18
81	1,553.17	1,904.08	2,221.44	2,480.79	3,014.80
82	1,656.93	2,013.93	2,358.74	2,645.57	3,173.48
83	1,800.35	2,184.81	2,554.03	2,859.18	3,405.38
84	1,940.71	2,355.69	2,749.31	3,075.82	3,640.34
85	2,081.08	2,523.53	2,947.69	3,292.49	3,872.24
86	2,224.48	2,694.40	3,142.98	3,509.14	4,104.16
87	2,364.86	2,865.29	3,338.27	3,722.72	4,336.06
88	2,608.98	3,158.23	3,683.08	4,107.21	4,781.58
89	2,850.04	3,448.12	4,018.70	4,482.52	5,220.98

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy Form Series 64028 with 64031 and 64032  
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	186.14	234.96	262.45	283.78	396.69
50-59	234.96	295.98	332.60	360.08	503.47
60-64	311.26	390.59	439.40	476.02	698.76
65-69	433.32	530.96	595.03	643.86	826.94
70	601.12	704.89	802.53	897.14	1,116.83
71	653.02	759.81	869.66	979.51	1,211.41
72	710.99	817.78	939.84	1,064.95	1,306.01
73	790.32	912.38	1,058.86	1,199.22	1,461.64
74	872.72	1,010.03	1,177.85	1,333.45	1,617.26
75	952.05	1,101.56	1,293.80	1,464.69	1,772.87
76	1,028.32	1,196.17	1,406.70	1,595.90	1,922.41
77	1,104.63	1,290.76	1,522.65	1,724.04	2,071.93
78	1,196.17	1,397.56	1,653.88	1,867.46	2,245.85
79	1,290.76	1,507.41	1,778.99	2,010.89	2,416.74
80	1,385.37	1,614.20	1,907.14	2,154.30	2,593.71
81	1,473.84	1,721.00	2,032.25	2,300.79	2,764.60
82	1,565.38	1,827.81	2,157.35	2,444.18	2,935.46
83	1,699.63	1,983.44	2,337.39	2,642.53	3,152.12
84	1,836.97	2,136.01	2,520.48	2,843.92	3,365.72
85	1,968.15	2,291.63	2,700.50	3,045.33	3,582.39
86	2,102.43	2,444.18	2,880.54	3,240.62	3,795.97
87	2,236.69	2,599.80	3,057.54	3,442.00	4,012.61
88	2,465.54	2,865.29	3,371.80	3,795.97	4,424.57
89	2,691.36	3,127.70	3,680.03	4,143.84	4,830.40

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031 and 64032  
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	234.96	299.05	335.66	366.18	472.98
50-59	299.05	381.43	430.25	469.93	601.12
60-64	393.64	503.47	570.63	619.45	836.10
65-69	552.29	686.57	772.01	839.15	1,107.67
70	710.99	881.85	997.82	1,101.56	1,434.19
71	762.86	942.88	1,077.14	1,190.08	1,547.07
72	820.83	1,006.98	1,153.45	1,278.54	1,653.88
73	909.35	1,119.88	1,284.64	1,418.90	1,830.87
74	991.71	1,229.72	1,412.81	1,562.33	2,004.77
75	1,077.14	1,336.54	1,540.97	1,702.70	2,181.77
76	1,162.59	1,446.39	1,666.09	1,843.06	2,352.65
77	1,248.03	1,556.23	1,794.24	1,983.44	2,520.48
78	1,354.84	1,675.21	1,940.71	2,154.30	2,700.50
79	1,467.73	1,794.24	2,087.18	2,328.24	2,880.54
80	1,577.58	1,913.24	2,233.64	2,499.11	3,057.54
81	1,684.38	2,032.25	2,380.11	2,669.99	3,234.50
82	1,797.29	2,151.25	2,526.58	2,843.92	3,414.54
83	1,949.86	2,334.33	2,740.18	3,075.82	3,664.75
84	2,105.49	2,517.42	2,947.69	3,304.69	3,914.97
85	2,255.00	2,697.46	3,158.23	3,539.66	4,162.12
86	2,410.64	2,880.54	3,365.72	3,771.55	4,412.36
87	2,563.20	3,060.58	3,579.31	4,003.47	4,665.62
88	2,828.67	3,374.88	3,948.55	4,418.45	5,144.72
89	3,088.03	3,686.12	4,305.56	4,818.19	5,614.60

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031 and 64032  
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	262.45	335.66	381.43	411.95	515.69
50-59	332.60	427.19	485.18	524.85	656.07
60-64	442.45	564.52	640.80	695.73	909.35
65-69	613.34	772.01	869.66	949.01	1,266.34
70	775.07	979.51	1,116.83	1,220.57	1,623.35
71	829.99	1,049.70	1,199.22	1,312.12	1,742.37
72	881.85	1,119.88	1,281.59	1,403.65	1,861.37
73	976.46	1,241.93	1,418.90	1,553.17	2,053.60
74	1,068.00	1,363.98	1,559.27	1,702.70	2,239.75
75	1,156.50	1,483.00	1,693.54	1,852.21	2,428.94
76	1,244.99	1,602.00	1,827.81	1,995.65	2,618.13
77	1,333.45	1,721.00	1,962.07	2,139.04	2,801.23
78	1,458.58	1,849.16	2,126.85	2,334.33	2,987.34
79	1,580.65	1,980.38	2,288.58	2,526.58	3,173.48
80	1,702.70	2,108.53	2,450.28	2,721.88	3,359.61
81	1,824.77	2,236.69	2,608.98	2,914.12	3,542.71
82	1,946.82	2,367.91	2,770.68	3,109.40	3,728.86
83	2,114.62	2,566.25	2,999.55	3,359.61	4,000.42
84	2,279.42	2,767.65	3,231.44	3,612.88	4,278.10
85	2,444.18	2,965.98	3,463.37	3,869.19	4,549.67
86	2,615.06	3,167.39	3,692.23	4,122.47	4,821.24
87	2,779.84	3,365.72	3,921.06	4,375.74	5,095.89
88	3,066.66	3,710.52	4,326.92	4,827.35	5,617.65
89	3,347.42	4,052.28	4,720.55	5,266.76	6,133.36

AIG Life Insurance Company  
Policy Form Series 64028  
Long Term Care Policy

Rate Schedule

I. Substandard Rate classifications

Issue Age	Standard	Select	Underwriting Problems
18-59	129%	175%	210%
60-64	129%	174%	210%
65-69	126%	170%	205%
70-74	125%	167%	202%
75-79	123%	166%	200%
80-84	118%	160%	192%
85-89	114%	154%	185%

II. Area Rating

Area 1: All other areas.

Area 2: California, New York, All other Florida counties not included in Area 3.

Area 3: Florida counties: Dade, Broward, Fort Lauderdale, Palm.

III. Elimination Period

Elimination Period	Percentage Discount
0	0%
7	6%
14	10%
20	12%
30	13%
60	22%
100	28%

American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 0% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 All Areas

Policy form Series 64028  
 Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	69	85	96	99	146
50-59	89	111	128	155	230
60-64	134	164	183	194	288
65-69	196	234	265	283	328
70	293	336	384	428	504
71	325	371	424	473	561
72	359	405	463	519	624
73	414	469	539	605	718
74	465	528	614	691	815
75	519	591	691	775	914
76	571	656	766	859	1,010
77	626	715	843	943	1,106
78	694	793	930	1,043	1,221
79	759	868	1,019	1,144	1,339
80	825	941	1,106	1,243	1,454
81	891	1,019	1,195	1,343	1,571
82	958	1,091	1,283	1,441	1,686
83	1,048	1,198	1,408	1,583	1,839
84	1,141	1,308	1,531	1,723	1,990
85	1,233	1,415	1,660	1,865	2,145
86	1,329	1,520	1,785	2,004	2,296
87	1,421	1,628	1,911	2,146	2,448
88	1,583	1,810	2,125	2,386	2,724
89	1,744	1,993	2,341	2,629	2,998



American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy form Series 64028  
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	89	108	121	133	168
50-59	116	141	160	178	239
60-64	173	211	238	255	328
65-69	253	304	343	370	449
70	349	421	476	525	634
71	380	459	525	571	694
72	414	501	569	625	755
73	471	570	649	713	859
74	526	639	729	801	959
75	581	705	809	889	1,063
76	639	775	889	976	1,166
77	694	846	970	1,064	1,266
78	773	935	1,075	1,184	1,395
79	856	1,021	1,180	1,300	1,519
80	935	1,110	1,285	1,421	1,645
81	1,014	1,198	1,388	1,540	1,768
82	1,096	1,286	1,494	1,660	1,891
83	1,203	1,415	1,639	1,823	2,066
84	1,309	1,540	1,788	1,986	2,235
85	1,416	1,668	1,934	2,146	2,406
86	1,524	1,791	2,078	2,310	2,576
87	1,630	1,915	2,224	2,471	2,746
88	1,814	2,134	2,475	2,750	3,059
89	1,998	2,349	2,725	3,026	3,365

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028  
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	98	121	139	149	178
50-59	131	156	176	194	248
60-64	190	238	266	289	350
65-69	281	344	386	420	518
70	380	480	529	579	705
71	414	515	581	634	771
72	448	556	630	684	835
73	504	630	715	775	941
74	561	704	800	868	1,048
75	618	780	881	958	1,154
76	678	853	965	1,048	1,264
77	736	926	1,053	1,140	1,371
78	825	1,026	1,166	1,273	1,504
79	915	1,124	1,285	1,406	1,634
80	1,008	1,221	1,399	1,539	1,766
81	1,098	1,318	1,519	1,673	1,899
82	1,188	1,416	1,634	1,803	2,031
83	1,304	1,554	1,794	1,979	2,214
84	1,419	1,695	1,954	2,158	2,394
85	1,535	1,831	2,113	2,334	2,580
86	1,653	1,970	2,275	2,510	2,763
87	1,768	2,110	2,434	2,690	2,946
88	1,968	2,345	2,708	2,990	3,278
89	2,166	2,583	2,981	3,291	3,608

American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 0% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 All Areas

Policy Form Series 64028 with 64032  
 Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	86	103	116	124	183
50-59	111	139	156	190	283
60-64	168	201	226	239	354
65-69	239	288	325	349	403
70	353	405	463	515	606
71	393	449	508	570	678
72	429	484	556	625	746
73	493	560	645	724	859
74	554	626	729	824	969
75	616	703	816	920	1,081
76	674	773	903	1,013	1,189
77	738	843	991	1,109	1,299
78	815	930	1,091	1,223	1,436
79	891	1,019	1,196	1,344	1,574
80	970	1,106	1,299	1,461	1,711
81	1,048	1,196	1,405	1,575	1,845
82	1,125	1,283	1,506	1,695	1,979
83	1,231	1,408	1,655	1,858	2,163
84	1,343	1,535	1,800	2,024	2,341
85	1,451	1,661	1,950	2,190	2,521
86	1,563	1,788	2,099	2,356	2,696
87	1,669	1,914	2,245	2,525	2,878
88	1,858	2,125	2,498	2,805	3,199
89	2,048	2,343	2,750	3,088	3,520

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64032  
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	111	133	153	166	210
50-59	143	175	199	223	298
60-64	211	261	295	316	406
65-69	309	371	420	455	550
70	420	508	574	634	766
71	458	554	630	689	835
72	494	600	680	748	905
73	561	680	775	853	1,026
74	625	759	868	951	1,141
75	689	838	958	1,054	1,258
76	755	915	1,048	1,153	1,374
77	815	996	1,141	1,251	1,493
78	908	1,099	1,264	1,388	1,639
79	1,004	1,203	1,386	1,529	1,785
80	1,099	1,308	1,510	1,669	1,934
81	1,195	1,408	1,630	1,810	2,078
82	1,286	1,513	1,756	1,950	2,223
83	1,409	1,661	1,925	2,144	2,426
84	1,539	1,810	2,101	2,331	2,626
85	1,663	1,958	2,271	2,525	2,826
86	1,791	2,103	2,443	2,715	3,026
87	1,915	2,253	2,615	2,904	3,229
88	2,134	2,506	2,911	3,230	3,595
89	2,345	2,759	3,201	3,560	3,955

American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 100% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 Area 1

Policy Form Series 64028 with 64032  
 Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	120	153	173	185	223
50-59	160	196	219	239	309
60-64	238	295	331	359	431
65-69	344	424	473	515	635
70	459	570	640	701	853
71	499	618	701	761	926
72	535	668	758	824	1,001
73	604	755	856	926	1,125
74	669	838	949	1,031	1,246
75	736	923	1,046	1,133	1,371
76	800	1,008	1,140	1,239	1,493
77	864	1,090	1,233	1,338	1,609
78	970	1,205	1,371	1,494	1,766
79	1,075	1,318	1,510	1,651	1,920
80	1,184	1,436	1,645	1,806	2,075
81	1,289	1,549	1,785	1,964	2,231
82	1,398	1,663	1,920	2,120	2,384
83	1,531	1,828	2,109	2,328	2,603
84	1,668	1,990	2,294	2,535	2,814
85	1,803	2,154	2,486	2,745	3,031
86	1,943	2,315	2,673	2,949	3,246
87	2,078	2,478	2,859	3,159	3,460
88	2,310	2,756	3,181	3,510	3,851
89	2,548	3,034	3,504	3,868	4,241

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	134	173	190	209	289
50-59	173	216	244	261	366
60-64	226	283	318	349	508
65-69	318	393	438	473	606
70	449	526	600	669	835
71	491	570	651	736	908
72	535	614	705	801	983
73	596	689	800	905	1,103
74	660	766	891	1,010	1,223
75	724	838	985	1,114	1,349
76	789	914	1,075	1,219	1,470
77	846	991	1,169	1,321	1,590
78	920	1,074	1,266	1,433	1,723
79	991	1,154	1,364	1,541	1,855
80	1,063	1,239	1,463	1,653	1,989
81	1,131	1,320	1,560	1,766	2,120
82	1,203	1,405	1,655	1,876	2,253
83	1,304	1,520	1,794	2,025	2,418
84	1,408	1,639	1,934	2,180	2,583
85	1,510	1,758	2,069	2,334	2,746
86	1,611	1,876	2,209	2,486	2,913
87	1,716	1,993	2,345	2,639	3,076
88	1,891	2,198	2,584	2,913	3,394
89	2,066	2,399	2,823	3,179	3,704

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	173	219	245	266	344
50-59	219	279	315	343	438
60-64	288	366	415	450	606
65-69	405	504	569	616	815
70	529	659	746	824	1,070
71	571	705	806	891	1,159
72	616	758	868	959	1,243
73	684	845	969	1,070	1,381
74	750	934	1,070	1,184	1,519
75	820	1,019	1,173	1,295	1,660
76	889	1,106	1,274	1,408	1,795
77	958	1,195	1,374	1,520	1,934
78	1,040	1,285	1,486	1,653	2,069
79	1,125	1,374	1,601	1,785	2,209
80	1,210	1,470	1,714	1,915	2,345
81	1,294	1,560	1,828	2,048	2,481
82	1,378	1,651	1,936	2,180	2,618
83	1,496	1,791	2,101	2,359	2,813
84	1,616	1,933	2,260	2,535	3,003
85	1,730	2,068	2,421	2,715	3,193
86	1,848	2,209	2,583	2,893	3,385
87	1,968	2,349	2,745	3,070	3,576
88	2,169	2,588	3,026	3,386	3,946
89	2,366	2,826	3,300	3,695	4,308

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet

Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	190	245	279	300	375
50-59	244	310	353	384	476
60-64	323	410	465	506	660
65-69	450	569	639	695	930
70	579	733	835	913	1,210
71	624	789	898	983	1,304
72	661	843	964	1,054	1,398
73	738	938	1,070	1,173	1,549
74	809	1,035	1,180	1,289	1,696
75	880	1,128	1,286	1,408	1,848
76	951	1,223	1,398	1,524	1,999
77	1,021	1,320	1,505	1,641	2,146
78	1,119	1,419	1,630	1,791	2,289
79	1,211	1,519	1,756	1,936	2,434
80	1,308	1,618	1,879	2,088	2,576
81	1,399	1,716	2,003	2,235	2,716
82	1,494	1,814	2,125	2,384	2,859
83	1,624	1,969	2,301	2,576	3,069
84	1,750	2,123	2,478	2,771	3,280
85	1,876	2,275	2,658	2,968	3,489
86	2,004	2,428	2,834	3,164	3,696
87	2,131	2,583	3,009	3,354	3,906
88	2,350	2,848	3,319	3,701	4,309
89	2,569	3,108	3,621	4,038	4,705



American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy Form Series 64028 with 64031 and 64032  
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	168	211	238	255	359
50-59	211	266	300	325	455
60-64	281	353	395	429	630
65-69	393	480	536	581	746
70	543	635	724	809	1,008
71	590	684	783	881	1,091
72	640	738	846	959	1,176
73	713	824	956	1,081	1,318
74	789	913	1,063	1,203	1,459
75	859	993	1,166	1,320	1,598
76	926	1,079	1,266	1,440	1,733
77	996	1,163	1,373	1,554	1,866
78	1,079	1,260	1,493	1,683	2,024
79	1,163	1,360	1,604	1,813	2,179
80	1,250	1,454	1,718	1,943	2,338
81	1,329	1,550	1,831	2,075	2,491
82	1,409	1,646	1,944	2,201	2,646
83	1,531	1,788	2,109	2,383	2,840
84	1,655	1,925	2,271	2,561	3,034
85	1,774	2,066	2,434	2,745	3,229
86	1,893	2,201	2,595	2,920	3,420
87	2,014	2,343	2,756	3,103	3,616
88	2,223	2,583	3,038	3,420	3,988
89	2,426	2,816	3,316	3,735	4,354

American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 50% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 Area 1

Policy Form Series 64028 with 64031 and 64032  
 Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	211	271	304	331	428
50-59	271	344	388	424	543
60-64	354	455	515	560	755
65-69	499	618	695	758	999
70	640	794	900	993	1,294
71	689	850	970	1,074	1,395
72	739	908	1,040	1,153	1,493
73	820	1,010	1,159	1,278	1,651
74	894	1,109	1,274	1,408	1,806
75	970	1,205	1,388	1,535	1,968
76	1,048	1,304	1,504	1,661	2,120
77	1,125	1,405	1,618	1,788	2,271
78	1,221	1,510	1,750	1,943	2,434
79	1,321	1,618	1,880	2,099	2,595
80	1,421	1,724	2,013	2,253	2,756
81	1,519	1,831	2,145	2,406	2,914
82	1,619	1,936	2,278	2,561	3,076
83	1,758	2,103	2,470	2,771	3,300
84	1,899	2,268	2,658	2,979	3,528
85	2,033	2,429	2,848	3,190	3,750
86	2,174	2,595	3,034	3,398	3,976
87	2,310	2,759	3,225	3,608	4,203
88	2,549	3,041	3,560	3,981	4,636
89	2,781	3,321	3,879	4,343	5,059

American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 100% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 Area 1

Policy Form Series 64028 with 64031 and 64032  
 Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	238	304	344	371	465
50-59	300	386	438	473	591
60-64	399	508	579	626	820
65-69	554	695	783	856	1,141
70	701	881	1,008	1,099	1,463
71	748	948	1,081	1,184	1,571
72	794	1,010	1,154	1,265	1,679
73	880	1,119	1,278	1,399	1,850
74	964	1,230	1,406	1,535	2,020
75	1,043	1,338	1,528	1,669	2,189
76	1,124	1,443	1,646	1,800	2,359
77	1,203	1,550	1,768	1,926	2,525
78	1,316	1,668	1,915	2,103	2,693
79	1,426	1,785	2,064	2,278	2,859
80	1,535	1,900	2,209	2,454	3,026
81	1,645	2,014	2,350	2,626	3,193
82	1,756	2,134	2,498	2,803	3,361
83	1,906	2,313	2,703	3,026	3,605
84	2,055	2,495	2,913	3,255	3,855
85	2,201	2,673	3,121	3,485	4,100
86	2,356	2,856	3,328	3,715	4,344
87	2,505	3,034	3,533	3,943	4,593
88	2,763	3,343	3,899	4,350	5,060
89	3,016	3,651	4,255	4,748	5,526

American General Life Insurance Company of Delaware  
Policy Form Series 64028  
Long Term Care Policy

Rate Schedule

I. Substandard Rate classifications

Issue Age	Standard	Select	Underwriting Problems
18-59	129%	175%	210%
60-64	129%	174%	210%
65-69	126%	170%	205%
70-74	125%	167%	202%
75-79	123%	166%	200%
80-84	118%	160%	192%
85-89	114%	154%	185%

II. Area Rating

Area 1: All other areas.

Area 2: California, New York, All other Florida counties not included in Area 3.

Area 3: Florida counties: Dade, Broward, Fort Lauderdale, Palm.

III. Elimination Period

Elimination Period	Percentage Discount
0	0%
7	6%
14	10%
20	12%
30	13%
60	22%
100	28%

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy form Series 64028  
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	76.29	91.55	103.76	109.85	161.72
50-59	97.66	122.06	140.37	170.88	253.28
60-64	149.52	180.04	201.40	213.62	317.35
65-69	216.66	259.36	292.94	314.31	363.14
70	323.47	372.28	424.16	472.98	558.43
71	360.08	411.95	469.93	524.85	622.49
72	396.69	448.56	512.64	576.71	689.63
73	457.74	518.76	598.07	671.32	796.41
74	515.69	585.87	680.47	765.91	903.22
75	576.71	656.07	765.91	860.52	1,013.07
76	634.70	726.25	848.32	952.05	1,119.88
77	695.73	793.36	933.74	1,046.65	1,226.67
78	768.96	878.82	1,031.39	1,156.50	1,354.84
79	842.19	961.20	1,129.04	1,269.40	1,486.06
80	915.43	1,043.61	1,226.67	1,379.23	1,614.20
81	988.65	1,129.04	1,324.33	1,489.10	1,742.37
82	1,061.89	1,211.41	1,421.97	1,598.94	1,870.51
83	1,162.59	1,330.42	1,562.33	1,754.57	2,041.40
84	1,266.34	1,449.44	1,699.63	1,910.20	2,209.22
85	1,370.08	1,568.43	1,840.02	2,068.87	2,380.11
86	1,473.84	1,687.43	1,980.38	2,224.48	2,547.94
87	1,577.58	1,806.45	2,120.75	2,383.16	2,715.77
88	1,754.57	2,007.83	2,358.74	2,648.63	3,020.91
89	1,934.61	2,212.27	2,596.77	2,917.17	3,326.05

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy form Series 64028  
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	97.66	119.03	134.27	146.46	186.14
50-59	128.18	155.62	176.99	198.35	265.49
60-64	189.20	234.96	262.45	283.78	363.14
65-69	277.70	335.66	378.39	408.91	497.38
70	384.49	466.87	527.89	579.79	701.84
71	421.11	509.60	579.79	634.70	768.96
72	457.74	555.38	628.60	692.67	836.10
73	521.80	631.65	720.15	790.32	952.05
74	582.82	707.94	808.64	887.96	1,064.95
75	643.86	784.22	897.14	985.61	1,177.85
76	707.94	860.52	985.61	1,083.25	1,293.80
77	768.96	939.84	1,077.14	1,180.91	1,406.70
78	857.45	1,037.47	1,193.12	1,312.12	1,547.07
79	949.01	1,135.13	1,309.06	1,443.32	1,684.38
80	1,037.47	1,232.77	1,425.02	1,577.58	1,824.77
81	1,125.97	1,330.42	1,540.97	1,708.79	1,962.07
82	1,214.48	1,428.06	1,656.93	1,840.02	2,099.38
83	1,333.45	1,568.43	1,818.64	2,023.10	2,291.63
84	1,452.48	1,708.79	1,983.44	2,203.13	2,480.79
85	1,571.48	1,849.16	2,145.14	2,383.16	2,669.99
86	1,690.51	1,986.49	2,306.87	2,563.20	2,859.18
87	1,809.48	2,126.85	2,468.60	2,743.23	3,048.38
88	2,013.93	2,367.91	2,746.26	3,051.42	3,393.19
89	2,215.35	2,605.94	3,023.96	3,359.61	3,734.94

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028  
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	106.79	134.27	152.58	164.79	198.35
50-59	143.42	173.94	195.29	213.62	274.65
60-64	210.54	262.45	295.98	320.40	387.53
65-69	311.26	381.43	427.19	463.82	573.68
70	421.11	530.96	588.92	640.80	784.22
71	457.74	570.63	643.86	701.84	854.41
72	494.34	616.39	698.76	759.81	924.59
73	558.43	698.76	793.36	860.52	1,043.61
74	622.49	781.16	884.93	961.20	1,162.59
75	686.57	863.57	979.51	1,061.89	1,281.59
76	750.67	945.95	1,071.05	1,162.59	1,400.61
77	814.74	1,028.32	1,165.66	1,263.29	1,519.62
78	915.43	1,138.17	1,293.80	1,409.77	1,666.09
79	1,016.13	1,244.99	1,425.02	1,559.27	1,812.55
80	1,116.83	1,354.84	1,553.17	1,705.75	1,959.02
81	1,217.51	1,461.64	1,684.38	1,855.27	2,105.49
82	1,318.21	1,571.48	1,812.55	2,001.73	2,251.96
83	1,446.39	1,724.04	1,989.52	2,197.02	2,456.37
84	1,574.52	1,879.67	2,166.53	2,395.36	2,657.80
85	1,702.70	2,032.25	2,346.54	2,590.64	2,862.25
86	1,833.90	2,187.87	2,523.53	2,785.93	3,066.66
87	1,962.07	2,340.44	2,700.50	2,984.29	3,268.07
88	2,181.77	2,602.85	3,005.65	3,316.89	3,637.29
89	2,404.52	2,865.29	3,307.74	3,652.54	4,003.47

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy Form Series 64028 with 64032  
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	94.61	112.89	128.18	137.31	201.40
50-59	122.06	152.58	173.94	210.54	314.31
60-64	186.14	222.77	250.23	265.49	393.64
65-69	265.49	317.35	360.08	384.49	445.51
70	390.59	448.56	512.64	570.63	674.37
71	433.32	497.38	564.52	631.65	750.67
72	476.02	537.05	616.39	692.67	826.94
73	546.21	619.45	714.05	802.53	952.05
74	613.34	695.73	808.64	912.38	1,074.10
75	683.53	778.11	906.27	1,019.19	1,199.22
76	747.59	857.45	1,000.88	1,122.92	1,321.27
77	817.78	933.74	1,098.51	1,229.72	1,440.28
78	903.22	1,031.39	1,211.41	1,357.87	1,592.85
79	988.65	1,129.04	1,327.37	1,492.15	1,745.42
80	1,077.14	1,226.67	1,440.28	1,620.31	1,897.99
81	1,162.59	1,327.37	1,556.23	1,748.46	2,047.51
82	1,248.03	1,421.97	1,672.17	1,879.67	2,197.02
83	1,367.03	1,562.33	1,836.97	2,062.76	2,398.42
84	1,489.10	1,702.70	1,995.65	2,245.85	2,596.77
85	1,611.15	1,843.06	2,163.45	2,431.99	2,798.14
86	1,733.21	1,983.44	2,328.24	2,615.06	2,993.44
87	1,852.21	2,123.80	2,493.00	2,801.23	3,191.81
88	2,062.76	2,358.74	2,770.68	3,112.45	3,548.81
89	2,273.31	2,599.80	3,051.42	3,426.74	3,908.87



American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet

Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64032  
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	122.06	146.46	167.84	183.09	231.91
50-59	158.67	192.24	219.71	247.15	329.56
60-64	234.96	289.89	326.51	350.92	451.60
65-69	341.76	411.95	463.82	503.47	610.29
70	463.82	564.52	637.74	701.84	848.32
71	506.55	613.34	698.76	762.86	924.59
72	549.26	665.22	753.72	829.99	1,003.93
73	622.49	753.72	860.52	945.95	1,138.17
74	692.67	842.19	961.20	1,055.81	1,266.34
75	762.86	930.68	1,061.89	1,168.70	1,394.50
76	836.10	1,016.13	1,162.59	1,278.54	1,525.71
77	903.22	1,104.63	1,266.34	1,388.40	1,653.88
78	1,006.98	1,220.57	1,400.61	1,540.97	1,818.64
79	1,113.76	1,333.45	1,537.92	1,696.59	1,980.38
80	1,220.57	1,449.44	1,675.21	1,852.21	2,145.14
81	1,324.33	1,562.33	1,809.48	2,007.83	2,306.87
82	1,428.06	1,678.30	1,946.82	2,163.45	2,465.54
83	1,565.38	1,843.06	2,136.01	2,377.07	2,691.36
84	1,705.75	2,007.83	2,331.29	2,587.61	2,914.12
85	1,846.11	2,172.61	2,520.48	2,801.23	3,136.85
86	1,986.49	2,334.33	2,709.67	3,011.76	3,359.61
87	2,126.85	2,499.11	2,901.92	3,222.31	3,582.39
88	2,367.91	2,782.89	3,228.41	3,585.42	3,988.22
89	2,602.85	3,060.58	3,551.84	3,948.55	4,387.94

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64032  
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	131.21	167.84	189.20	204.45	247.15
50-59	176.99	216.66	241.07	265.49	341.76
60-64	262.45	326.51	366.18	396.69	479.08
65-69	381.43	469.93	524.85	570.63	704.89
70	509.60	631.65	710.99	775.07	945.95
71	552.29	686.57	775.07	845.24	1,028.32
72	591.97	738.46	839.15	912.38	1,110.72
73	668.28	836.10	949.01	1,028.32	1,248.03
74	741.49	930.68	1,052.74	1,144.30	1,382.28
75	814.74	1,022.23	1,159.55	1,257.19	1,519.62
76	884.93	1,116.83	1,263.29	1,373.14	1,653.88
77	958.15	1,208.36	1,370.08	1,483.00	1,785.09
78	1,077.14	1,336.54	1,519.62	1,656.93	1,959.02
79	1,193.12	1,461.64	1,675.21	1,830.87	2,129.90
80	1,312.12	1,592.85	1,824.77	2,004.77	2,300.79
81	1,431.11	1,717.95	1,980.38	2,178.72	2,474.70
82	1,550.13	1,846.11	2,129.90	2,352.65	2,645.57
83	1,699.63	2,026.15	2,337.39	2,581.52	2,886.65
84	1,849.16	2,209.22	2,544.89	2,813.42	3,121.60
85	2,001.73	2,389.26	2,758.49	3,045.33	3,362.68
86	2,154.30	2,569.31	2,965.98	3,274.17	3,603.73
87	2,306.87	2,749.31	3,173.48	3,506.08	3,838.70
88	2,563.20	3,057.54	3,530.48	3,896.66	4,275.04
89	2,825.62	3,365.72	3,887.51	4,290.31	4,705.30

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	149.52	189.20	210.54	228.87	320.40
50-59	189.20	238.03	268.54	289.89	405.83
60-64	250.23	314.31	353.97	384.49	564.52
65-69	353.97	433.32	485.18	524.85	674.37
70	497.38	582.82	665.22	741.49	924.59
71	543.17	631.65	723.18	814.74	1,006.98
72	591.97	680.47	784.22	887.96	1,089.34
73	662.16	762.86	884.93	1,003.93	1,223.61
74	732.33	848.32	988.65	1,119.88	1,357.87
75	802.53	930.68	1,092.42	1,235.82	1,495.21
76	872.72	1,013.07	1,193.12	1,351.79	1,629.48
77	939.84	1,098.51	1,296.86	1,467.73	1,763.72
78	1,019.19	1,190.08	1,406.70	1,589.80	1,910.20
79	1,098.51	1,281.59	1,513.50	1,711.84	2,056.66
80	1,177.85	1,373.14	1,623.35	1,833.90	2,206.18
81	1,254.14	1,464.69	1,730.17	1,959.02	2,352.65
82	1,333.45	1,556.23	1,836.97	2,081.08	2,499.11
83	1,446.39	1,687.43	1,989.52	2,248.89	2,682.20
84	1,562.33	1,818.64	2,145.14	2,419.78	2,865.29
85	1,675.21	1,949.86	2,297.71	2,590.64	3,048.38
86	1,788.14	2,081.08	2,450.28	2,758.49	3,231.44
87	1,904.08	2,212.27	2,602.85	2,929.36	3,414.54
88	2,099.38	2,438.09	2,868.34	3,231.44	3,765.45
89	2,291.63	2,660.84	3,130.76	3,527.42	4,110.26

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	189.20	241.07	271.57	295.98	381.43
50-59	241.07	308.18	347.87	378.39	485.18
60-64	317.35	405.83	460.77	500.43	674.37
65-69	448.56	558.43	628.60	683.53	903.22
70	588.92	729.30	826.94	912.38	1,186.99
71	634.70	784.22	894.05	988.65	1,284.64
72	683.53	839.15	961.20	1,064.95	1,379.23
73	759.81	936.78	1,074.10	1,186.99	1,531.83
74	833.03	1,034.44	1,186.99	1,312.12	1,684.38
75	909.35	1,129.04	1,299.92	1,437.23	1,840.02
76	985.61	1,226.67	1,412.81	1,562.33	1,992.57
77	1,061.89	1,324.33	1,525.71	1,687.43	2,145.14
78	1,153.45	1,425.02	1,650.83	1,833.90	2,297.71
79	1,248.03	1,525.71	1,775.94	1,980.38	2,450.28
80	1,342.63	1,629.48	1,901.04	2,126.85	2,602.85
81	1,434.19	1,730.17	2,026.15	2,273.31	2,752.40
82	1,528.75	1,830.87	2,151.25	2,419.78	2,904.96
83	1,659.98	1,986.49	2,331.29	2,618.13	3,118.56
84	1,791.20	2,142.11	2,508.28	2,813.42	3,332.14
85	1,919.33	2,294.66	2,688.30	3,011.76	3,542.71
86	2,050.56	2,450.28	2,865.29	3,210.10	3,756.30
87	2,181.77	2,605.94	3,045.33	3,408.43	3,969.89
88	2,407.57	2,871.38	3,359.61	3,759.35	4,378.79
89	2,627.27	3,136.85	3,664.75	4,101.11	4,778.53

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	210.54	271.57	308.18	332.60	415.01
50-59	268.54	344.81	390.59	424.16	527.89
60-64	357.01	454.66	515.69	561.47	732.33
65-69	500.43	628.60	707.94	772.01	1,031.39
70	640.80	811.69	924.59	1,010.03	1,342.63
71	689.63	872.72	994.78	1,089.34	1,446.39
72	735.39	933.74	1,068.00	1,168.70	1,550.13
73	817.78	1,040.53	1,186.99	1,299.92	1,717.95
74	897.14	1,147.34	1,309.06	1,431.11	1,882.73
75	976.46	1,251.09	1,428.06	1,562.33	2,050.56
76	1,055.81	1,357.87	1,550.13	1,690.51	2,218.39
77	1,135.13	1,464.69	1,669.12	1,821.69	2,383.16
78	1,241.93	1,574.52	1,809.48	1,986.49	2,541.83
79	1,345.69	1,684.38	1,946.82	2,151.25	2,700.50
80	1,449.44	1,794.24	2,084.12	2,316.05	2,859.18
81	1,553.17	1,904.08	2,221.44	2,480.79	3,014.80
82	1,656.93	2,013.93	2,358.74	2,645.57	3,173.48
83	1,800.35	2,184.81	2,554.03	2,859.18	3,405.38
84	1,940.71	2,355.69	2,749.31	3,075.82	3,640.34
85	2,081.08	2,523.53	2,947.69	3,292.49	3,872.24
86	2,224.48	2,694.40	3,142.98	3,509.14	4,104.16
87	2,364.86	2,865.29	3,338.27	3,722.72	4,336.06
88	2,608.98	3,158.23	3,683.08	4,107.21	4,781.58
89	2,850.04	3,448.12	4,018.70	4,482.52	5,220.98

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy Form Series 64028 with 64031 and 64032  
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	186.14	234.96	262.45	283.78	396.69
50-59	234.96	295.98	332.60	360.08	503.47
60-64	311.26	390.59	439.40	476.02	698.76
65-69	433.32	530.96	595.03	643.86	826.94
70	601.12	704.89	802.53	897.14	1,116.83
71	653.02	759.81	869.66	979.51	1,211.41
72	710.99	817.78	939.84	1,064.95	1,306.01
73	790.32	912.38	1,058.86	1,199.22	1,461.64
74	872.72	1,010.03	1,177.85	1,333.45	1,617.26
75	952.05	1,101.56	1,293.80	1,464.69	1,772.87
76	1,028.32	1,196.17	1,406.70	1,595.90	1,922.41
77	1,104.63	1,290.76	1,522.65	1,724.04	2,071.93
78	1,196.17	1,397.56	1,653.88	1,867.46	2,245.85
79	1,290.76	1,507.41	1,778.99	2,010.89	2,416.74
80	1,385.37	1,614.20	1,907.14	2,154.30	2,593.71
81	1,473.84	1,721.00	2,032.25	2,300.79	2,764.60
82	1,565.38	1,827.81	2,157.35	2,444.18	2,935.46
83	1,699.63	1,983.44	2,337.39	2,642.53	3,152.12
84	1,836.97	2,136.01	2,520.48	2,843.92	3,365.72
85	1,968.15	2,291.63	2,700.50	3,045.33	3,582.39
86	2,102.43	2,444.18	2,880.54	3,240.62	3,795.97
87	2,236.69	2,599.80	3,057.54	3,442.00	4,012.61
88	2,465.54	2,865.29	3,371.80	3,795.97	4,424.57
89	2,691.36	3,127.70	3,680.03	4,143.84	4,830.40

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031 and 64032  
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	234.96	299.05	335.66	366.18	472.98
50-59	299.05	381.43	430.25	469.93	601.12
60-64	393.64	503.47	570.63	619.45	836.10
65-69	552.29	686.57	772.01	839.15	1,107.67
70	710.99	881.85	997.82	1,101.56	1,434.19
71	762.86	942.88	1,077.14	1,190.08	1,547.07
72	820.83	1,006.98	1,153.45	1,278.54	1,653.88
73	909.35	1,119.88	1,284.64	1,418.90	1,830.87
74	991.71	1,229.72	1,412.81	1,562.33	2,004.77
75	1,077.14	1,336.54	1,540.97	1,702.70	2,181.77
76	1,162.59	1,446.39	1,666.09	1,843.06	2,352.65
77	1,248.03	1,556.23	1,794.24	1,983.44	2,520.48
78	1,354.84	1,675.21	1,940.71	2,154.30	2,700.50
79	1,467.73	1,794.24	2,087.18	2,328.24	2,880.54
80	1,577.58	1,913.24	2,233.64	2,499.11	3,057.54
81	1,684.38	2,032.25	2,380.11	2,669.99	3,234.50
82	1,797.29	2,151.25	2,526.58	2,843.92	3,414.54
83	1,949.86	2,334.33	2,740.18	3,075.82	3,664.75
84	2,105.49	2,517.42	2,947.69	3,304.69	3,914.97
85	2,255.00	2,697.46	3,158.23	3,539.66	4,162.12
86	2,410.64	2,880.54	3,365.72	3,771.55	4,412.36
87	2,563.20	3,060.58	3,579.31	4,003.47	4,665.62
88	2,828.67	3,374.88	3,948.55	4,418.45	5,144.72
89	3,088.03	3,686.12	4,305.56	4,818.19	5,614.60

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031 and 64032  
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	262.45	335.66	381.43	411.95	515.69
50-59	332.60	427.19	485.18	524.85	656.07
60-64	442.45	564.52	640.80	695.73	909.35
65-69	613.34	772.01	869.66	949.01	1,266.34
70	775.07	979.51	1,116.83	1,220.57	1,623.35
71	829.99	1,049.70	1,199.22	1,312.12	1,742.37
72	881.85	1,119.88	1,281.59	1,403.65	1,861.37
73	976.46	1,241.93	1,418.90	1,553.17	2,053.60
74	1,068.00	1,363.98	1,559.27	1,702.70	2,239.75
75	1,156.50	1,483.00	1,693.54	1,852.21	2,428.94
76	1,244.99	1,602.00	1,827.81	1,995.65	2,618.13
77	1,333.45	1,721.00	1,962.07	2,139.04	2,801.23
78	1,458.58	1,849.16	2,126.85	2,334.33	2,987.34
79	1,580.65	1,980.38	2,288.58	2,526.58	3,173.48
80	1,702.70	2,108.53	2,450.28	2,721.88	3,359.61
81	1,824.77	2,236.69	2,608.98	2,914.12	3,542.71
82	1,946.82	2,367.91	2,770.68	3,109.40	3,728.86
83	2,114.62	2,566.25	2,999.55	3,359.61	4,000.42
84	2,279.42	2,767.65	3,231.44	3,612.88	4,278.10
85	2,444.18	2,965.98	3,463.37	3,869.19	4,549.67
86	2,615.06	3,167.39	3,692.23	4,122.47	4,821.24
87	2,779.84	3,365.72	3,921.06	4,375.74	5,095.89
88	3,066.66	3,710.52	4,326.92	4,827.35	5,617.65
89	3,347.42	4,052.28	4,720.55	5,266.76	6,133.36



AIG Life Insurance Company  
Policy Form Series 64028  
Long Term Care Policy

Rate Schedule

I. Substandard Rate classifications

Issue Age	Standard	Select	Underwriting Problems
18-59	129%	175%	210%
60-64	129%	174%	210%
65-69	126%	170%	205%
70-74	125%	167%	202%
75-79	123%	166%	200%
80-84	118%	160%	192%
85-89	114%	154%	185%

II. Area Rating

Area 1: All other areas.

Area 2: California, New York, All other Florida counties not included in Area 3.

Area 3: Florida counties: Dade, Broward, Fort Lauderdale, Palm.

III. Elimination Period

Elimination Period	Percentage Discount
0	0%
7	6%
14	10%
20	12%
30	13%
60	22%
100	28%

American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 0% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 All Areas

Policy form Series 64028  
 Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	69	85	96	99	146
50-59	89	111	128	155	230
60-64	134	164	183	194	288
65-69	196	234	265	283	328
70	293	336	384	428	504
71	325	371	424	473	561
72	359	405	463	519	624
73	414	469	539	605	718
74	465	528	614	691	815
75	519	591	691	775	914
76	571	656	766	859	1,010
77	626	715	843	943	1,106
78	694	793	930	1,043	1,221
79	759	868	1,019	1,144	1,339
80	825	941	1,106	1,243	1,454
81	891	1,019	1,195	1,343	1,571
82	958	1,091	1,283	1,441	1,686
83	1,048	1,198	1,408	1,583	1,839
84	1,141	1,308	1,531	1,723	1,990
85	1,233	1,415	1,660	1,865	2,145
86	1,329	1,520	1,785	2,004	2,296
87	1,421	1,628	1,911	2,146	2,448
88	1,583	1,810	2,125	2,386	2,724
89	1,744	1,993	2,341	2,629	2,998

American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 50% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 Area 1

Policy form Series 64028  
 Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	89	108	121	133	168
50-59	116	141	160	178	239
60-64	173	211	238	255	328
65-69	253	304	343	370	449
70	349	421	476	525	634
71	380	459	525	571	694
72	414	501	569	625	755
73	471	570	649	713	859
74	526	639	729	801	959
75	581	705	809	889	1,063
76	639	775	889	976	1,166
77	694	846	970	1,064	1,266
78	773	935	1,075	1,184	1,395
79	856	1,021	1,180	1,300	1,519
80	935	1,110	1,285	1,421	1,645
81	1,014	1,198	1,388	1,540	1,768
82	1,096	1,286	1,494	1,660	1,891
83	1,203	1,415	1,639	1,823	2,066
84	1,309	1,540	1,788	1,986	2,235
85	1,416	1,668	1,934	2,146	2,406
86	1,524	1,791	2,078	2,310	2,576
87	1,630	1,915	2,224	2,471	2,746
88	1,814	2,134	2,475	2,750	3,059
89	1,998	2,349	2,725	3,026	3,365

American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 100% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 Area 1

Policy Form Series 64028  
 Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	98	121	139	149	178
50-59	131	156	176	194	248
60-64	190	238	266	289	350
65-69	281	344	386	420	518
70	380	480	529	579	705
71	414	515	581	634	771
72	448	556	630	684	835
73	504	630	715	775	941
74	561	704	800	868	1,048
75	618	780	881	958	1,154
76	678	853	965	1,048	1,264
77	736	926	1,053	1,140	1,371
78	825	1,026	1,166	1,273	1,504
79	915	1,124	1,285	1,406	1,634
80	1,008	1,221	1,399	1,539	1,766
81	1,098	1,318	1,519	1,673	1,899
82	1,188	1,416	1,634	1,803	2,031
83	1,304	1,554	1,794	1,979	2,214
84	1,419	1,695	1,954	2,158	2,394
85	1,535	1,831	2,113	2,334	2,580
86	1,653	1,970	2,275	2,510	2,763
87	1,768	2,110	2,434	2,690	2,946
88	1,968	2,345	2,708	2,990	3,278
89	2,166	2,583	2,981	3,291	3,608

American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 0% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 All Areas

Policy Form Series 64028 with 64032  
 Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	86	103	116	124	183
50-59	111	139	156	190	283
60-64	168	201	226	239	354
65-69	239	288	325	349	403
70	353	405	463	515	606
71	393	449	508	570	678
72	429	484	556	625	746
73	493	560	645	724	859
74	554	626	729	824	969
75	616	703	816	920	1,081
76	674	773	903	1,013	1,189
77	738	843	991	1,109	1,299
78	815	930	1,091	1,223	1,436
79	891	1,019	1,196	1,344	1,574
80	970	1,106	1,299	1,461	1,711
81	1,048	1,196	1,405	1,575	1,845
82	1,125	1,283	1,506	1,695	1,979
83	1,231	1,408	1,655	1,858	2,163
84	1,343	1,535	1,800	2,024	2,341
85	1,451	1,661	1,950	2,190	2,521
86	1,563	1,788	2,099	2,356	2,696
87	1,669	1,914	2,245	2,525	2,878
88	1,858	2,125	2,498	2,805	3,199
89	2,048	2,343	2,750	3,088	3,520

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64032  
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	111	133	153	166	210
50-59	143	175	199	223	298
60-64	211	261	295	316	406
65-69	309	371	420	455	550
70	420	508	574	634	766
71	458	554	630	689	835
72	494	600	680	748	905
73	561	680	775	853	1,026
74	625	759	868	951	1,141
75	689	838	958	1,054	1,258
76	755	915	1,048	1,153	1,374
77	815	996	1,141	1,251	1,493
78	908	1,099	1,264	1,388	1,639
79	1,004	1,203	1,386	1,529	1,785
80	1,099	1,308	1,510	1,669	1,934
81	1,195	1,408	1,630	1,810	2,078
82	1,286	1,513	1,756	1,950	2,223
83	1,409	1,661	1,925	2,144	2,426
84	1,539	1,810	2,101	2,331	2,626
85	1,663	1,958	2,271	2,525	2,826
86	1,791	2,103	2,443	2,715	3,026
87	1,915	2,253	2,615	2,904	3,229
88	2,134	2,506	2,911	3,230	3,595
89	2,345	2,759	3,201	3,560	3,955

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet

Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64032  
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	120	153	173	185	223
50-59	160	196	219	239	309
60-64	238	295	331	359	431
65-69	344	424	473	515	635
70	459	570	640	701	853
71	499	618	701	761	926
72	535	668	758	824	1,001
73	604	755	856	926	1,125
74	669	838	949	1,031	1,246
75	736	923	1,046	1,133	1,371
76	800	1,008	1,140	1,239	1,493
77	864	1,090	1,233	1,338	1,609
78	970	1,205	1,371	1,494	1,766
79	1,075	1,318	1,510	1,651	1,920
80	1,184	1,436	1,645	1,806	2,075
81	1,289	1,549	1,785	1,964	2,231
82	1,398	1,663	1,920	2,120	2,384
83	1,531	1,828	2,109	2,328	2,603
84	1,668	1,990	2,294	2,535	2,814
85	1,803	2,154	2,486	2,745	3,031
86	1,943	2,315	2,673	2,949	3,246
87	2,078	2,478	2,859	3,159	3,460
88	2,310	2,756	3,181	3,510	3,851
89	2,548	3,034	3,504	3,868	4,241

American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 0% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 All Areas

Policy Form Series 64028 with 64031  
 Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	134	173	190	209	289
50-59	173	216	244	261	366
60-64	226	283	318	349	508
65-69	318	393	438	473	606
70	449	526	600	669	835
71	491	570	651	736	908
72	535	614	705	801	983
73	596	689	800	905	1,103
74	660	766	891	1,010	1,223
75	724	838	985	1,114	1,349
76	789	914	1,075	1,219	1,470
77	846	991	1,169	1,321	1,590
78	920	1,074	1,266	1,433	1,723
79	991	1,154	1,364	1,541	1,855
80	1,063	1,239	1,463	1,653	1,989
81	1,131	1,320	1,560	1,766	2,120
82	1,203	1,405	1,655	1,876	2,253
83	1,304	1,520	1,794	2,025	2,418
84	1,408	1,639	1,934	2,180	2,583
85	1,510	1,758	2,069	2,334	2,746
86	1,611	1,876	2,209	2,486	2,913
87	1,716	1,993	2,345	2,639	3,076
88	1,891	2,198	2,584	2,913	3,394
89	2,066	2,399	2,823	3,179	3,704



American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 50% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 Area 1

Policy Form Series 64028 with 64031  
 Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	173	219	245	266	344
50-59	219	279	315	343	438
60-64	288	366	415	450	606
65-69	405	504	569	616	815
70	529	659	746	824	1,070
71	571	705	806	891	1,159
72	616	758	868	959	1,243
73	684	845	969	1,070	1,381
74	750	934	1,070	1,184	1,519
75	820	1,019	1,173	1,295	1,660
76	889	1,106	1,274	1,408	1,795
77	958	1,195	1,374	1,520	1,934
78	1,040	1,285	1,486	1,653	2,069
79	1,125	1,374	1,601	1,785	2,209
80	1,210	1,470	1,714	1,915	2,345
81	1,294	1,560	1,828	2,048	2,481
82	1,378	1,651	1,936	2,180	2,618
83	1,496	1,791	2,101	2,359	2,813
84	1,616	1,933	2,260	2,535	3,003
85	1,730	2,068	2,421	2,715	3,193
86	1,848	2,209	2,583	2,893	3,385
87	1,968	2,349	2,745	3,070	3,576
88	2,169	2,588	3,026	3,386	3,946
89	2,366	2,826	3,300	3,695	4,308

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet

Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	190	245	279	300	375
50-59	244	310	353	384	476
60-64	323	410	465	506	660
65-69	450	569	639	695	930
70	579	733	835	913	1,210
71	624	789	898	983	1,304
72	661	843	964	1,054	1,398
73	738	938	1,070	1,173	1,549
74	809	1,035	1,180	1,289	1,696
75	880	1,128	1,286	1,408	1,848
76	951	1,223	1,398	1,524	1,999
77	1,021	1,320	1,505	1,641	2,146
78	1,119	1,419	1,630	1,791	2,289
79	1,211	1,519	1,756	1,936	2,434
80	1,308	1,618	1,879	2,088	2,576
81	1,399	1,716	2,003	2,235	2,716
82	1,494	1,814	2,125	2,384	2,859
83	1,624	1,969	2,301	2,576	3,069
84	1,750	2,123	2,478	2,771	3,280
85	1,876	2,275	2,658	2,968	3,489
86	2,004	2,428	2,834	3,164	3,696
87	2,131	2,583	3,009	3,354	3,906
88	2,350	2,848	3,319	3,701	4,309
89	2,569	3,108	3,621	4,038	4,705

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy Form Series 64028 with 64031 and 64032  
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	168	211	238	255	359
50-59	211	266	300	325	455
60-64	281	353	395	429	630
65-69	393	480	536	581	746
70	543	635	724	809	1,008
71	590	684	783	881	1,091
72	640	738	846	959	1,176
73	713	824	956	1,081	1,318
74	789	913	1,063	1,203	1,459
75	859	993	1,166	1,320	1,598
76	926	1,079	1,266	1,440	1,733
77	996	1,163	1,373	1,554	1,866
78	1,079	1,260	1,493	1,683	2,024
79	1,163	1,360	1,604	1,813	2,179
80	1,250	1,454	1,718	1,943	2,338
81	1,329	1,550	1,831	2,075	2,491
82	1,409	1,646	1,944	2,201	2,646
83	1,531	1,788	2,109	2,383	2,840
84	1,655	1,925	2,271	2,561	3,034
85	1,774	2,066	2,434	2,745	3,229
86	1,893	2,201	2,595	2,920	3,420
87	2,014	2,343	2,756	3,103	3,616
88	2,223	2,583	3,038	3,420	3,988
89	2,426	2,816	3,316	3,735	4,354

American General Life Insurance Company  
 Long Term Care Policy  
 Rate Sheet  
 Annual Premiums per \$10 of Daily Benefit  
 50% Home Health Care Benefit  
 Underwriting Table I, 0 Day Elim  
 Area 1

Policy Form Series 64028 with 64031 and 64032  
 Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	211	271	304	331	428
50-59	271	344	388	424	543
60-64	354	455	515	560	755
65-69	499	618	695	758	999
70	640	794	900	993	1,294
71	689	850	970	1,074	1,395
72	739	908	1,040	1,153	1,493
73	820	1,010	1,159	1,278	1,651
74	894	1,109	1,274	1,408	1,806
75	970	1,205	1,388	1,535	1,968
76	1,048	1,304	1,504	1,661	2,120
77	1,125	1,405	1,618	1,788	2,271
78	1,221	1,510	1,750	1,943	2,434
79	1,321	1,618	1,880	2,099	2,595
80	1,421	1,724	2,013	2,253	2,756
81	1,519	1,831	2,145	2,406	2,914
82	1,619	1,936	2,278	2,561	3,076
83	1,758	2,103	2,470	2,771	3,300
84	1,899	2,268	2,658	2,979	3,528
85	2,033	2,429	2,848	3,190	3,750
86	2,174	2,595	3,034	3,398	3,976
87	2,310	2,759	3,225	3,608	4,203
88	2,549	3,041	3,560	3,981	4,636
89	2,781	3,321	3,879	4,343	5,059

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031 and 64032  
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	238	304	344	371	465
50-59	300	386	438	473	591
60-64	399	508	579	626	820
65-69	554	695	783	856	1,141
70	701	881	1,008	1,099	1,463
71	748	948	1,081	1,184	1,571
72	794	1,010	1,154	1,265	1,679
73	880	1,119	1,278	1,399	1,850
74	964	1,230	1,406	1,535	2,020
75	1,043	1,338	1,528	1,669	2,189
76	1,124	1,443	1,646	1,800	2,359
77	1,203	1,550	1,768	1,926	2,525
78	1,316	1,668	1,915	2,103	2,693
79	1,426	1,785	2,064	2,278	2,859
80	1,535	1,900	2,209	2,454	3,026
81	1,645	2,014	2,350	2,626	3,193
82	1,756	2,134	2,498	2,803	3,361
83	1,906	2,313	2,703	3,026	3,605
84	2,055	2,495	2,913	3,255	3,855
85	2,201	2,673	3,121	3,485	4,100
86	2,356	2,856	3,328	3,715	4,344
87	2,505	3,034	3,533	3,943	4,593
88	2,763	3,343	3,899	4,350	5,060
89	3,016	3,651	4,255	4,748	5,526

American General Life Insurance Company of Delaware  
Policy Form Series 64028  
Long Term Care Policy

Rate Schedule

I. Substandard Rate classifications

Issue Age	Standard	Select	Underwriting Problems
18-59	129%	175%	210%
60-64	129%	174%	210%
65-69	126%	170%	205%
70-74	125%	167%	202%
75-79	123%	166%	200%
80-84	118%	160%	192%
85-89	114%	154%	185%

II. Area Rating

Area 1: All other areas.

Area 2: California, New York, All other Florida counties not included in Area 3.

Area 3: Florida counties: Dade, Broward, Fort Lauderdale, Palm.

III. Elimination Period

Elimination Period	Percentage Discount
0	0%
7	6%
14	10%
20	12%
30	13%
60	22%
100	28%

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy form Series 64028  
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	76.29	91.55	103.76	109.85	161.72
50-59	97.66	122.06	140.37	170.88	253.28
60-64	149.52	180.04	201.40	213.62	317.35
65-69	216.66	259.36	292.94	314.31	363.14
70	323.47	372.28	424.16	472.98	558.43
71	360.08	411.95	469.93	524.85	622.49
72	396.69	448.56	512.64	576.71	689.63
73	457.74	518.76	598.07	671.32	796.41
74	515.69	585.87	680.47	765.91	903.22
75	576.71	656.07	765.91	860.52	1,013.07
76	634.70	726.25	848.32	952.05	1,119.88
77	695.73	793.36	933.74	1,046.65	1,226.67
78	768.96	878.82	1,031.39	1,156.50	1,354.84
79	842.19	961.20	1,129.04	1,269.40	1,486.06
80	915.43	1,043.61	1,226.67	1,379.23	1,614.20
81	988.65	1,129.04	1,324.33	1,489.10	1,742.37
82	1,061.89	1,211.41	1,421.97	1,598.94	1,870.51
83	1,162.59	1,330.42	1,562.33	1,754.57	2,041.40
84	1,266.34	1,449.44	1,699.63	1,910.20	2,209.22
85	1,370.08	1,568.43	1,840.02	2,068.87	2,380.11
86	1,473.84	1,687.43	1,980.38	2,224.48	2,547.94
87	1,577.58	1,806.45	2,120.75	2,383.16	2,715.77
88	1,754.57	2,007.83	2,358.74	2,648.63	3,020.91
89	1,934.61	2,212.27	2,596.77	2,917.17	3,326.05

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy form Series 64028  
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	97.66	119.03	134.27	146.46	186.14
50-59	128.18	155.62	176.99	198.35	265.49
60-64	189.20	234.96	262.45	283.78	363.14
65-69	277.70	335.66	378.39	408.91	497.38
70	384.49	466.87	527.89	579.79	701.84
71	421.11	509.60	579.79	634.70	768.96
72	457.74	555.38	628.60	692.67	836.10
73	521.80	631.65	720.15	790.32	952.05
74	582.82	707.94	808.64	887.96	1,064.95
75	643.86	784.22	897.14	985.61	1,177.85
76	707.94	860.52	985.61	1,083.25	1,293.80
77	768.96	939.84	1,077.14	1,180.91	1,406.70
78	857.45	1,037.47	1,193.12	1,312.12	1,547.07
79	949.01	1,135.13	1,309.06	1,443.32	1,684.38
80	1,037.47	1,232.77	1,425.02	1,577.58	1,824.77
81	1,125.97	1,330.42	1,540.97	1,708.79	1,962.07
82	1,214.48	1,428.06	1,656.93	1,840.02	2,099.38
83	1,333.45	1,568.43	1,818.64	2,023.10	2,291.63
84	1,452.48	1,708.79	1,983.44	2,203.13	2,480.79
85	1,571.48	1,849.16	2,145.14	2,383.16	2,669.99
86	1,690.51	1,986.49	2,306.87	2,563.20	2,859.18
87	1,809.48	2,126.85	2,468.60	2,743.23	3,048.38
88	2,013.93	2,367.91	2,746.26	3,051.42	3,393.19
89	2,215.35	2,605.94	3,023.96	3,359.61	3,734.94



American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028  
Level Benefits

Issue Age	24	36	48	60	Lifetime
18-49	106.79	134.27	152.58	164.79	198.35
50-59	143.42	173.94	195.29	213.62	274.65
60-64	210.54	262.45	295.98	320.40	387.53
65-69	311.26	381.43	427.19	463.82	573.68
70	421.11	530.96	588.92	640.80	784.22
71	457.74	570.63	643.86	701.84	854.41
72	494.34	616.39	698.76	759.81	924.59
73	558.43	698.76	793.36	860.52	1,043.61
74	622.49	781.16	884.93	961.20	1,162.59
75	686.57	863.57	979.51	1,061.89	1,281.59
76	750.67	945.95	1,071.05	1,162.59	1,400.61
77	814.74	1,028.32	1,165.66	1,263.29	1,519.62
78	915.43	1,138.17	1,293.80	1,409.77	1,666.09
79	1,016.13	1,244.99	1,425.02	1,559.27	1,812.55
80	1,116.83	1,354.84	1,553.17	1,705.75	1,959.02
81	1,217.51	1,461.64	1,684.38	1,855.27	2,105.49
82	1,318.21	1,571.48	1,812.55	2,001.73	2,251.96
83	1,446.39	1,724.04	1,989.52	2,197.02	2,456.37
84	1,574.52	1,879.67	2,166.53	2,395.36	2,657.80
85	1,702.70	2,032.25	2,346.54	2,590.64	2,862.25
86	1,833.90	2,187.87	2,523.53	2,785.93	3,066.66
87	1,962.07	2,340.44	2,700.50	2,984.29	3,268.07
88	2,181.77	2,602.85	3,005.65	3,316.89	3,637.29
89	2,404.52	2,865.29	3,307.74	3,652.54	4,003.47

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy Form Series 64028 with 64032  
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	94.61	112.89	128.18	137.31	201.40
50-59	122.06	152.58	173.94	210.54	314.31
60-64	186.14	222.77	250.23	265.49	393.64
65-69	265.49	317.35	360.08	384.49	445.51
70	390.59	448.56	512.64	570.63	674.37
71	433.32	497.38	564.52	631.65	750.67
72	476.02	537.05	616.39	692.67	826.94
73	546.21	619.45	714.05	802.53	952.05
74	613.34	695.73	808.64	912.38	1,074.10
75	683.53	778.11	906.27	1,019.19	1,199.22
76	747.59	857.45	1,000.88	1,122.92	1,321.27
77	817.78	933.74	1,098.51	1,229.72	1,440.28
78	903.22	1,031.39	1,211.41	1,357.87	1,592.85
79	988.65	1,129.04	1,327.37	1,492.15	1,745.42
80	1,077.14	1,226.67	1,440.28	1,620.31	1,897.99
81	1,162.59	1,327.37	1,556.23	1,748.46	2,047.51
82	1,248.03	1,421.97	1,672.17	1,879.67	2,197.02
83	1,367.03	1,562.33	1,836.97	2,062.76	2,398.42
84	1,489.10	1,702.70	1,995.65	2,245.85	2,596.77
85	1,611.15	1,843.06	2,163.45	2,431.99	2,798.14
86	1,733.21	1,983.44	2,328.24	2,615.06	2,993.44
87	1,852.21	2,123.80	2,493.00	2,801.23	3,191.81
88	2,062.76	2,358.74	2,770.68	3,112.45	3,548.81
89	2,273.31	2,599.80	3,051.42	3,426.74	3,908.87

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet

Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64032  
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	122.06	146.46	167.84	183.09	231.91
50-59	158.67	192.24	219.71	247.15	329.56
60-64	234.96	289.89	326.51	350.92	451.60
65-69	341.76	411.95	463.82	503.47	610.29
70	463.82	564.52	637.74	701.84	848.32
71	506.55	613.34	698.76	762.86	924.59
72	549.26	665.22	753.72	829.99	1,003.93
73	622.49	753.72	860.52	945.95	1,138.17
74	692.67	842.19	961.20	1,055.81	1,266.34
75	762.86	930.68	1,061.89	1,168.70	1,394.50
76	836.10	1,016.13	1,162.59	1,278.54	1,525.71
77	903.22	1,104.63	1,266.34	1,388.40	1,653.88
78	1,006.98	1,220.57	1,400.61	1,540.97	1,818.64
79	1,113.76	1,333.45	1,537.92	1,696.59	1,980.38
80	1,220.57	1,449.44	1,675.21	1,852.21	2,145.14
81	1,324.33	1,562.33	1,809.48	2,007.83	2,306.87
82	1,428.06	1,678.30	1,946.82	2,163.45	2,465.54
83	1,565.38	1,843.06	2,136.01	2,377.07	2,691.36
84	1,705.75	2,007.83	2,331.29	2,587.61	2,914.12
85	1,846.11	2,172.61	2,520.48	2,801.23	3,136.85
86	1,986.49	2,334.33	2,709.67	3,011.76	3,359.61
87	2,126.85	2,499.11	2,901.92	3,222.31	3,582.39
88	2,367.91	2,782.89	3,228.41	3,585.42	3,988.22
89	2,602.85	3,060.58	3,551.84	3,948.55	4,387.94

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64032  
Level Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	131.21	167.84	189.20	204.45	247.15
50-59	176.99	216.66	241.07	265.49	341.76
60-64	262.45	326.51	366.18	396.69	479.08
65-69	381.43	469.93	524.85	570.63	704.89
70	509.60	631.65	710.99	775.07	945.95
71	552.29	686.57	775.07	845.24	1,028.32
72	591.97	738.46	839.15	912.38	1,110.72
73	668.28	836.10	949.01	1,028.32	1,248.03
74	741.49	930.68	1,052.74	1,144.30	1,382.28
75	814.74	1,022.23	1,159.55	1,257.19	1,519.62
76	884.93	1,116.83	1,263.29	1,373.14	1,653.88
77	958.15	1,208.36	1,370.08	1,483.00	1,785.09
78	1,077.14	1,336.54	1,519.62	1,656.93	1,959.02
79	1,193.12	1,461.64	1,675.21	1,830.87	2,129.90
80	1,312.12	1,592.85	1,824.77	2,004.77	2,300.79
81	1,431.11	1,717.95	1,980.38	2,178.72	2,474.70
82	1,550.13	1,846.11	2,129.90	2,352.65	2,645.57
83	1,699.63	2,026.15	2,337.39	2,581.52	2,886.65
84	1,849.16	2,209.22	2,544.89	2,813.42	3,121.60
85	2,001.73	2,389.26	2,758.49	3,045.33	3,362.68
86	2,154.30	2,569.31	2,965.98	3,274.17	3,603.73
87	2,306.87	2,749.31	3,173.48	3,506.08	3,838.70
88	2,563.20	3,057.54	3,530.48	3,896.66	4,275.04
89	2,825.62	3,365.72	3,887.51	4,290.31	4,705.30

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	149.52	189.20	210.54	228.87	320.40
50-59	189.20	238.03	268.54	289.89	405.83
60-64	250.23	314.31	353.97	384.49	564.52
65-69	353.97	433.32	485.18	524.85	674.37
70	497.38	582.82	665.22	741.49	924.59
71	543.17	631.65	723.18	814.74	1,006.98
72	591.97	680.47	784.22	887.96	1,089.34
73	662.16	762.86	884.93	1,003.93	1,223.61
74	732.33	848.32	988.65	1,119.88	1,357.87
75	802.53	930.68	1,092.42	1,235.82	1,495.21
76	872.72	1,013.07	1,193.12	1,351.79	1,629.48
77	939.84	1,098.51	1,296.86	1,467.73	1,763.72
78	1,019.19	1,190.08	1,406.70	1,589.80	1,910.20
79	1,098.51	1,281.59	1,513.50	1,711.84	2,056.66
80	1,177.85	1,373.14	1,623.35	1,833.90	2,206.18
81	1,254.14	1,464.69	1,730.17	1,959.02	2,352.65
82	1,333.45	1,556.23	1,836.97	2,081.08	2,499.11
83	1,446.39	1,687.43	1,989.52	2,248.89	2,682.20
84	1,562.33	1,818.64	2,145.14	2,419.78	2,865.29
85	1,675.21	1,949.86	2,297.71	2,590.64	3,048.38
86	1,788.14	2,081.08	2,450.28	2,758.49	3,231.44
87	1,904.08	2,212.27	2,602.85	2,929.36	3,414.54
88	2,099.38	2,438.09	2,868.34	3,231.44	3,765.45
89	2,291.63	2,660.84	3,130.76	3,527.42	4,110.26

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	189.20	241.07	271.57	295.98	381.43
50-59	241.07	308.18	347.87	378.39	485.18
60-64	317.35	405.83	460.77	500.43	674.37
65-69	448.56	558.43	628.60	683.53	903.22
70	588.92	729.30	826.94	912.38	1,186.99
71	634.70	784.22	894.05	988.65	1,284.64
72	683.53	839.15	961.20	1,064.95	1,379.23
73	759.81	936.78	1,074.10	1,186.99	1,531.83
74	833.03	1,034.44	1,186.99	1,312.12	1,684.38
75	909.35	1,129.04	1,299.92	1,437.23	1,840.02
76	985.61	1,226.67	1,412.81	1,562.33	1,992.57
77	1,061.89	1,324.33	1,525.71	1,687.43	2,145.14
78	1,153.45	1,425.02	1,650.83	1,833.90	2,297.71
79	1,248.03	1,525.71	1,775.94	1,980.38	2,450.28
80	1,342.63	1,629.48	1,901.04	2,126.85	2,602.85
81	1,434.19	1,730.17	2,026.15	2,273.31	2,752.40
82	1,528.75	1,830.87	2,151.25	2,419.78	2,904.96
83	1,659.98	1,986.49	2,331.29	2,618.13	3,118.56
84	1,791.20	2,142.11	2,508.28	2,813.42	3,332.14
85	1,919.33	2,294.66	2,688.30	3,011.76	3,542.71
86	2,050.56	2,450.28	2,865.29	3,210.10	3,756.30
87	2,181.77	2,605.94	3,045.33	3,408.43	3,969.89
88	2,407.57	2,871.38	3,359.61	3,759.35	4,378.79
89	2,627.27	3,136.85	3,664.75	4,101.11	4,778.53

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031  
Increasing Benefits

Issue Age	24	36	48	60	Lifetime
18-49	210.54	271.57	308.18	332.60	415.01
50-59	268.54	344.81	390.59	424.16	527.89
60-64	357.01	454.66	515.69	561.47	732.33
65-69	500.43	628.60	707.94	772.01	1,031.39
70	640.80	811.69	924.59	1,010.03	1,342.63
71	689.63	872.72	994.78	1,089.34	1,446.39
72	735.39	933.74	1,068.00	1,168.70	1,550.13
73	817.78	1,040.53	1,186.99	1,299.92	1,717.95
74	897.14	1,147.34	1,309.06	1,431.11	1,882.73
75	976.46	1,251.09	1,428.06	1,562.33	2,050.56
76	1,055.81	1,357.87	1,550.13	1,690.51	2,218.39
77	1,135.13	1,464.69	1,669.12	1,821.69	2,383.16
78	1,241.93	1,574.52	1,809.48	1,986.49	2,541.83
79	1,345.69	1,684.38	1,946.82	2,151.25	2,700.50
80	1,449.44	1,794.24	2,084.12	2,316.05	2,859.18
81	1,553.17	1,904.08	2,221.44	2,480.79	3,014.80
82	1,656.93	2,013.93	2,358.74	2,645.57	3,173.48
83	1,800.35	2,184.81	2,554.03	2,859.18	3,405.38
84	1,940.71	2,355.69	2,749.31	3,075.82	3,640.34
85	2,081.08	2,523.53	2,947.69	3,292.49	3,872.24
86	2,224.48	2,694.40	3,142.98	3,509.14	4,104.16
87	2,364.86	2,865.29	3,338.27	3,722.72	4,336.06
88	2,608.98	3,158.23	3,683.08	4,107.21	4,781.58
89	2,850.04	3,448.12	4,018.70	4,482.52	5,220.98

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
0% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
All Areas

Policy Form Series 64028 with 64031 and 64032  
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	186.14	234.96	262.45	283.78	396.69
50-59	234.96	295.98	332.60	360.08	503.47
60-64	311.26	390.59	439.40	476.02	698.76
65-69	433.32	530.96	595.03	643.86	826.94
70	601.12	704.89	802.53	897.14	1,116.83
71	653.02	759.81	869.66	979.51	1,211.41
72	710.99	817.78	939.84	1,064.95	1,306.01
73	790.32	912.38	1,058.86	1,199.22	1,461.64
74	872.72	1,010.03	1,177.85	1,333.45	1,617.26
75	952.05	1,101.56	1,293.80	1,464.69	1,772.87
76	1,028.32	1,196.17	1,406.70	1,595.90	1,922.41
77	1,104.63	1,290.76	1,522.65	1,724.04	2,071.93
78	1,196.17	1,397.56	1,653.88	1,867.46	2,245.85
79	1,290.76	1,507.41	1,778.99	2,010.89	2,416.74
80	1,385.37	1,614.20	1,907.14	2,154.30	2,593.71
81	1,473.84	1,721.00	2,032.25	2,300.79	2,764.60
82	1,565.38	1,827.81	2,157.35	2,444.18	2,935.46
83	1,699.63	1,983.44	2,337.39	2,642.53	3,152.12
84	1,836.97	2,136.01	2,520.48	2,843.92	3,365.72
85	1,968.15	2,291.63	2,700.50	3,045.33	3,582.39
86	2,102.43	2,444.18	2,880.54	3,240.62	3,795.97
87	2,236.69	2,599.80	3,057.54	3,442.00	4,012.61
88	2,465.54	2,865.29	3,371.80	3,795.97	4,424.57
89	2,691.36	3,127.70	3,680.03	4,143.84	4,830.40



American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
50% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031 and 64032  
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	234.96	299.05	335.66	366.18	472.98
50-59	299.05	381.43	430.25	469.93	601.12
60-64	393.64	503.47	570.63	619.45	836.10
65-69	552.29	686.57	772.01	839.15	1,107.67
70	710.99	881.85	997.82	1,101.56	1,434.19
71	762.86	942.88	1,077.14	1,190.08	1,547.07
72	820.83	1,006.98	1,153.45	1,278.54	1,653.88
73	909.35	1,119.88	1,284.64	1,418.90	1,830.87
74	991.71	1,229.72	1,412.81	1,562.33	2,004.77
75	1,077.14	1,336.54	1,540.97	1,702.70	2,181.77
76	1,162.59	1,446.39	1,666.09	1,843.06	2,352.65
77	1,248.03	1,556.23	1,794.24	1,983.44	2,520.48
78	1,354.84	1,675.21	1,940.71	2,154.30	2,700.50
79	1,467.73	1,794.24	2,087.18	2,328.24	2,880.54
80	1,577.58	1,913.24	2,233.64	2,499.11	3,057.54
81	1,684.38	2,032.25	2,380.11	2,669.99	3,234.50
82	1,797.29	2,151.25	2,526.58	2,843.92	3,414.54
83	1,949.86	2,334.33	2,740.18	3,075.82	3,664.75
84	2,105.49	2,517.42	2,947.69	3,304.69	3,914.97
85	2,255.00	2,697.46	3,158.23	3,539.66	4,162.12
86	2,410.64	2,880.54	3,365.72	3,771.55	4,412.36
87	2,563.20	3,060.58	3,579.31	4,003.47	4,665.62
88	2,828.67	3,374.88	3,948.55	4,418.45	5,144.72
89	3,088.03	3,686.12	4,305.56	4,818.19	5,614.60

American General Life Insurance Company  
Long Term Care Policy  
Rate Sheet  
Annual Premiums per \$10 of Daily Benefit  
100% Home Health Care Benefit  
Underwriting Table I, 0 Day Elim  
Area 1

Policy Form Series 64028 with 64031 and 64032  
Increasing Benefits, With Nonforfeiture

Issue Age	24	36	48	60	Lifetime
18-49	262.45	335.66	381.43	411.95	515.69
50-59	332.60	427.19	485.18	524.85	656.07
60-64	442.45	564.52	640.80	695.73	909.35
65-69	613.34	772.01	869.66	949.01	1,266.34
70	775.07	979.51	1,116.83	1,220.57	1,623.35
71	829.99	1,049.70	1,199.22	1,312.12	1,742.37
72	881.85	1,119.88	1,281.59	1,403.65	1,861.37
73	976.46	1,241.93	1,418.90	1,553.17	2,053.60
74	1,068.00	1,363.98	1,559.27	1,702.70	2,239.75
75	1,156.50	1,483.00	1,693.54	1,852.21	2,428.94
76	1,244.99	1,602.00	1,827.81	1,995.65	2,618.13
77	1,333.45	1,721.00	1,962.07	2,139.04	2,801.23
78	1,458.58	1,849.16	2,126.85	2,334.33	2,987.34
79	1,580.65	1,980.38	2,288.58	2,526.58	3,173.48
80	1,702.70	2,108.53	2,450.28	2,721.88	3,359.61
81	1,824.77	2,236.69	2,608.98	2,914.12	3,542.71
82	1,946.82	2,367.91	2,770.68	3,109.40	3,728.86
83	2,114.62	2,566.25	2,999.55	3,359.61	4,000.42
84	2,279.42	2,767.65	3,231.44	3,612.88	4,278.10
85	2,444.18	2,965.98	3,463.37	3,869.19	4,549.67
86	2,615.06	3,167.39	3,692.23	4,122.47	4,821.24
87	2,779.84	3,365.72	3,921.06	4,375.74	5,095.89
88	3,066.66	3,710.52	4,326.92	4,827.35	5,617.65
89	3,347.42	4,052.28	4,720.55	5,266.76	6,133.36

AIG Life Insurance Company  
Policy Form Series 64028  
Long Term Care Policy

Rate Schedule

I. Substandard Rate classifications

Issue Age	Standard	Select	Underwriting Problems
18-59	129%	175%	210%
60-64	129%	174%	210%
65-69	126%	170%	205%
70-74	125%	167%	202%
75-79	123%	166%	200%
80-84	118%	160%	192%
85-89	114%	154%	185%

II. Area Rating

Area 1: All other areas.

Area 2: California, New York, All other Florida counties not included in Area 3.

Area 3: Florida counties: Dade, Broward, Fort Lauderdale, Palm.

III. Elimination Period

Elimination Period	Percentage Discount
0	0%
7	6%
14	10%
20	12%
30	13%
60	22%
100	28%

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

## Supporting Document Schedules

<b>Bypassed - Item:</b>	Certification of Compliance
<b>Bypass Reason:</b>	Not applicable to this rate increase only filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	07/02/2020

<b>Satisfied - Item:</b>	Product Checklist
<b>Comments:</b>	
<b>Attachment(s):</b>	Individual Long Term Care Checklist.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/11/2020

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Actuarial Memorandum w Exhibits.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/11/2020

<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	Long Term Care Insurance Rate Request Summary 2018.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/11/2020

<b>Satisfied - Item:</b>	Third Party Filer Authorization
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL LTCG Auth 2020.pdf AGL LTCG Auth 2019.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	07/02/2020

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Cover Letter.pdf
<b>Item Status:</b>	Received & Acknowledged

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

<b>Status Date:</b>	02/11/2020
<b>Satisfied - Item:</b>	Virginia Compliance Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	VIRGINIA COMPLIANCE CERTIFICATION.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/11/2020
<b>Satisfied - Item:</b>	8/14/2018 Response Letter and Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response_2018_08_14.pdf AGL RI6 VA Exhibit H - Primary Rate Drivers.pdf AGI RI6 VA Exhibit M - Description of Assumptions.pdf AGL RI6 VA Excel Exhibits.xlsx
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/11/2020
<b>Satisfied - Item:</b>	10/24/2018 Response Letter and Attachment
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response_2018_10_24.pdf AGL RI6 VA Revised Exhibit H_2018_10_24.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/11/2020
<b>Satisfied - Item:</b>	11/9/2018 Response Letter and Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response_2018_11_09.pdf AGL RI6 VA Objection 5.pdf AGL RI6 VA Objection 8.xlsx AGL RI6 VA Exhibit F Filing Status.xlsx
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/11/2020
<b>Satisfied - Item:</b>	11/27/2018 Response Letter and Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response 2018_11_27.pdf Statement of Variability.pdf 08000-SCH-VA Policy Schedule.pdf
<b>Item Status:</b>	Received & Acknowledged

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

<b>Status Date:</b>	02/11/2020
<b>Satisfied - Item:</b>	12/28/2018 Response Letter and Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response_2018_12_28.pdf AGL RI6 VA Exhibit G Policyholder Notification Letter V2.pdf AGL RI6 VA Statement of Variability V2.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/11/2020
<b>Satisfied - Item:</b>	01/11/2019 Response Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response_2019_01_11 #1.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/11/2020
<b>Satisfied - Item:</b>	01/11/2019 Response Letter and Attachments
<b>Comments:</b>	The following documents have been updated and attached pursuant to both objection letters dated 12/28/2018 objection letters: 1. Policyholder Notification Letter 2. Coverage Decrease Election Form 3. Paid-up Election Form 4. Statement of Variability  A John Doe Policyholder Notification Letter with each form have also been provided.
<b>Attachment(s):</b>	AGL RI6 VA Response_2019_01_11 #2.pdf AGL RI6 VA Policyholder Notification Letter V3.pdf AGL RI6 VA Coverage Decrease Election Form V2.pdf AGL RI6 VA Paid-up Status Election Form V2.pdf AGL RI6 VA Statement of Variability V3.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/11/2020
<b>Satisfied - Item:</b>	John Doe Exhibits
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA PH Letter V3 addressed to John Doe with Coverage Decrease Form.pdf AGL RI6 VA PH Letter V3 addressed to John Doe with Paid-up Status Election Form.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/11/2020
<b>Satisfied - Item:</b>	1/30/2019 Response Letter

<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other		
<b>Product Name:</b>	AGL Individual Long Term Care Insurance		
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA		

<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Response_2019_01_30.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/11/2020
<b>Satisfied - Item:</b>	1/24/2020 Response letter and attachments.
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Obj 20191227 Response.pdf Exhibit F - Update.pdf Objection 6.pdf Texas Method.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/11/2020
<b>Satisfied - Item:</b>	2/7/2020 Response Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Obj 20200127 Response.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	02/11/2020
<b>Satisfied - Item:</b>	2/24/2020 Response Letter and Attachments
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Obj 20200102 Response.pdf AGL RI6 VA Policyholder Notification Letter V4.pdf AGL RI6 VA Statement of Variability V3.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	07/02/2020
<b>Satisfied - Item:</b>	Response to Objection 20200417
<b>Comments:</b>	
<b>Attachment(s):</b>	AGL RI6 VA Obj 20200417 Response.pdf AGL RI6 VA Statement of Variability V4.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	07/02/2020

<b>SERFF Tracking #:</b>	LTCG-131461895	<b>State Tracking #:</b>	LTCG-131461895	<b>Company Tracking #:</b>	AGL RI6 VA
<b>State:</b>	Virginia	<b>Filing Company:</b>	American General Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.003 Other				
<b>Product Name:</b>	AGL Individual Long Term Care Insurance				
<b>Project Name/Number:</b>	AGL Rate Increase 6 Filing/AGL RI6 VA				

***Attachment AGL RI6 VA Excel Exhibits.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment AGL RI6 VA Objection 8.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment AGL RI6 VA Exhibit F Filing Status.xlsx is not a PDF document and cannot be reproduced here.***



Review Requirements Checklist  
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
<b>General Filing Requirements</b>		
Transmittal Letter	14 VAC 5-100-40	<b>For Paper Filings:</b> Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	<b>For Paper Filings:</b> At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and NAIC number of the company for which the filing is made.
<b>Additional SERFF Filing Requirements</b>	<b>Administrative Letter 2012-03</b>	<b>Additional SERFF filing requirements must be met as specified below for life and health forms and rate filings. Failure to provide the applicable information will result in a "rejected" filing.</b>
<b>General Information – Filing Description</b>		(i) Description of each form by name, title, edition date, other; and intended use.
		(ii) Identification of changes in benefits and premiums (previously approved or filed forms). [Place changed contract provisions (red-lined or highlighted) in Supporting Documentation].
		(iii) Identification of SERFF or state tracking number for the previously approved or filed form for which the new form revises, replaces, or is intended to be used.
		(iv) A statement as to whether any other regulatory body has withdrawn approval of the form because the form contains one or more provisions that were deemed to be misleading, deceptive or contrary to public policy.
<b>HELP TIP:</b>		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.

Review Requirements Checklist  
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
<b>Rate Changes</b>		(i) Specify the number of affected policyholders.
		(ii) Provide the reason(s) for the proposed change(s).
		(iii) Include a statement regarding an increase, decrease, revision of former rates.
		(iv) Specify the percentage amount(s) of the change(s).
<b>Forms</b>		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any form, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud." Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.
Readability Certification	14 VAC 5-110-60	Readability certification is required as described in the regulation.
Entire Consideration	§ 38.2-3500 A 1	The entire consideration is expressed in the policy.
Effective-Termination Time	§ 38.2-3500 A 2	The time (clock time) the policy becomes effective and terminates is expressed in the policy.
DMAS Payor of Last Resort	§ 38.2-3500 A 7	Every accident and health policy must contain a statement indicating the Department of Medical Assistance Services as the payor of last resort.
Definition of Eligible Family members	§ 38.2-3500 C	The definition establishes that eligible dependent children may not be required to live in the household as the policyowner.
Handicapped Child Coverage	§ 38.2-3409	Upon termination due to age, coverage will be continued for: (1) persons incapable of self-sustaining employment by reason of intellectual disability or physical handicap; and (2) chiefly dependent on the insured for support and maintenance. Additional premium may be charged based upon class of risks.
Renewal Provision	14 VAC 200-70 A & 14 VAC 5-200-60 A	The regulation specifies the content of the renewability provision. The renewal provision must be either guaranteed renewable or noncancellable.
LTC Caution Notice	14 VAC 5-200-80 C 2	Required language <b>in bold print</b> .

Review Requirements Checklist  
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
30-Day Free Look	§ 38.2-5208 A	
Notice to Buyer	14 VAC 5-200-170 A 3	Required language.
<b>General Provisions</b>		
Contents of Policy	38.2-305 A	Parties to policy named; subject of insurance; risks insured against; time insurance takes effect; statement of the premium.
Entire Contract	§ 38.2-3503 1	The provision defines the contents of the entire contract.
Grace Period	§ 38.2-3503 3	The provision defines the grace period and length of the various acceptable grace periods.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	§ 38.2-3503 4	
	14 VAC 5-200-65 B	The regulation provides for an extended reinstatement period in the event of policy lapse due to cognitive impairment.
Notice of Claim	§ 38.2-3503 5	
Claim Forms	§ 38.2-3503 6	
Proof of Loss	§ 38.2-3503 7	
Time Payment of Claims	§ 38.2-3503 8	The provision specifies <b>when</b> benefits will be paid.
Payment of Claims	§ 38.2-3503 9	The provision specifies <b>to whom</b> benefits will be paid
Physical Examinations and Autopsy	§ 38.2-3503 10	
Legal Actions	§ 38.2-3503 11	
Change of Beneficiary	§ 38.2-3503 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9.)
Incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.
Age Limit	§ 38.2-3513 A	If the policy establishes an age-limit after which coverage will no longer be effective, and if the date falls within a period for which a premium is accepted by the insurer or the insurer accepts a premium after the date, the coverage provided by the policy will continue in force until the end of the period for which the premium has been accepted.
	§ 38.2-3513 B	If the age of the insured has been misstated and the policy would not have been issued according to the correct age of the insured, the policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the insurer shall be limited to the refund of the premium paid for the period not covered by the policy.
<b>Optional Provisions</b>		
Change of Occupation	§ 38.2-3504 1	
Misstatement of Age	§ 38.2-3504 2	
Other Insurance in this Company	§ 38.2-3504 3	
Insurance with Other Company	§ 38.2-3504 4	
Insurance with Other Company	§ 38.2-3504 5	
Unpaid Premiums	§ 38.2-3504 7	
Conformity with State Statutes	§ 38.2-3504 9	Must use "resides" language

Review Requirements Checklist  
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Illegal Occupation	§ 38.2-3504 10	
Intoxicants and Narcotics	§ 38.2-3504 11	
<b>Prohibited Provisions</b>		
	§ 38.2-5203	Specified provisions prohibited in a long-term care policy.
	§ 38.2-5205 A	Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
Subrogation	§ 38.2-3405 A	No policy shall contain a provision regarding subrogation of any person's right to recovery for personal injuries from a third person.
Liability Insurance	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract.
Workers' Compensation	§ 38.2-3405 D	The statute discusses exceptions to exclusions due to benefits payable under workers' compensation.
Minimum Standards for Home Health Care	14 VAC 5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
<b>LTC Policy Requirements</b>		
Duration of Benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Refund of Premium for Cancellation or Termination of Policy	§ 38.2-5202.1	Provides for the termination of the policy by the <b>insured</b> and for cancellation of the policy by the <b>insurer</b> , except when coverage is for the duration of life and premium is a single installment payment.
Preexisting Condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included labeled as "Preexisting Condition Limitations."
Limitations or Conditions on Eligibility for Benefits	§ 38.2-5205 B 14 VAC 5-200-187	Permissible benefit triggers and requirements.
Definitions	14 VAC 5-200-50	Certain terms defined.
UCR defined	14 VAC 5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Limitations and Exclusions	14 VAC 5-200-60 B	
	§ 38.2-3504 11	Intoxicants and narcotics
Extension of benefits	14 VAC 5-200-60 C	
Right to Reduce Coverage and Lower Premiums	14 VAC 5-200-183	The policy shall include a provision that allows the policyholder to reduce coverage and lower the premium.
Nonforfeiture Benefit Requirement	14 VAC 5-200-185 B	Offer made to the policyholder. Refer to the regulation for specifics.
Contingent Benefit Upon Lapse	14 VAC 5-200-185 C	If the offer of the nonforfeiture benefit is declined, the contingent benefit upon lapse shall be provided.
Required to Offer Inflation Protection	14 VAC 5-200-100 A	

Review Requirements Checklist  
INDIVIDUAL LONG-TERM CARE INSURANCE


REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Signed Acceptance for Riders and Amendments	14 VAC 5-200-70 B	All riders and/or endorsements that added to a policy after the date of issue that reduces, restricts, or eliminates benefits in the policy will require signed acceptance. Also, where a separate premium is charged for a rider or endorsement, the premium will be set forth in the policy, rider, or endorsement.
LTC Personal Suitability Worksheet	14 VAC 5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.
<b>Disclosures</b>		
	§ 38.2-5207 1; 14 VAC 5-200-200	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	§ 38.2-5207 4; 14 VAC 5-200-70 H	A tax-qualified plan must be definitively identified as such.
	14 VAC 5-200-70 I	A non-tax-qualified plan must be identified as such.
	14 VAC 5-200-75 D	Any reference to a premium increase shall disclose that notice of premium increase shall be at least 60 days prior to the increase.
Policies that include issue ages of 65 or higher	14 VAC 5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate.
<b>Rates</b>		
	§ 38.2-5206	
	14 VAC 5-200-150	The regulation specifies the expected loss ratio.
	14 VAC 5-130-60 A and 130-60 B; 14 VAC 5-200-77	The regulation specifies rate filing and actuarial memorandum requirements.

**Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:**  
<http://www.scc.virginia.gov/boi/laws.aspx>

The Life and Health Division, Forms and Rates Section reviews individual long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

INDIVIDUAL LONG-TERM CARE INSURANCE

I hereby certify that I have reviewed the attached individual long-term care filing and determined that it is in compliance with the individual long-term care checklist.

Signed:  \_\_\_\_\_

Name (please print): Brian D. Ulery

Company Name: LTCG

Date: 05/18/2018 Phone No: (952) 826-7227 FAX No: n/a

E-Mail Address: [Brian.Ulery@LTCG.COM](mailto:Brian.Ulery@LTCG.COM)

**American General Life Insurance Company**  
**Actuarial Justification of Premium Rate Increase**  
**For Individual Long Term Care Policy Form Series 64028**

**PURPOSE OF FILING**

This is a rate increase filing for American General Life Insurance Company's existing Long Term Care Policy Form Series 64028. The purpose of this filing is to demonstrate that the anticipated loss ratio for this form meets the minimum requirements of this state. This rate filing is not intended to be used for any other purposes.

**1. SCOPE OF FILING**

This filing applies to the Company's Long Term Care policy and rider forms summarized below:

*Series LTC-1*

**Policy Form 64028-VA Non-Tax Qualified**

This policy form is a non-qualified long term care policy form.

**Rider Form C12271VA Tax Qualified**

This is a rider that gives the policy form tax qualification features. Specifically, it changes the benefit eligibility criteria and other provisions to meet Section 7702B of the Internal Revenue Code of 1986 as amended.

**Rider Form 64031 (Inflation Benefit)**

This is a rider providing automatic compound benefit increases at the rate of 5% per year granted on every policy anniversary.

**Rider Form 64032 (Nonforfeiture Benefit)**

This is a rider providing a non-forfeiture benefit. The benefit is a paid up benefit provided policy termination is subsequent to the policyholder's third anniversary.

**Rider Form 64035-VA (Contingent Nonforfeiture Benefit)**

This is a rider providing contingent non-forfeiture benefits. The benefit is a paid up benefit if policy termination occurs due to the cumulative impact of rate increase exceeding levels outlined in the rider.

The rate increase will apply to all insureds issued coverage under the above referenced forms in this state. The number of policyholders and average premiums before and after the rate increase are shown in Exhibit A.

The rate increase will apply to in-force business only as the company stopped selling Policy Form Series 64028 in 2001.

## American General Life Insurance Company

### Actuarial Justification of Premium Rate Increase For Individual Long Term Care Policy Form Series 64028

#### 2. REASON FOR RATE INCREASE REQUEST

This rate filing is a request for a 11% increase. While a rate increase larger than 11% can be justified at this time, the company is currently not seeking a higher increase. Instead the company will continue to monitor emerging experience and review whether an additional rate increase is necessary.

The product was originally priced for a 61% lifetime loss ratio. Exhibit B provides the originally filed loss ratios for this policy by duration. This filing demonstrates that if future experience is consistent with our best estimates, and nationwide earned premiums are restated to the historical Virginia rate level, the actual lifetime loss ratio will be 125.3%. The requested rate increase is needed to mitigate future losses.

The proposed effective date after approval and fulfillment of all statutory and contractual requirements will not be sooner than April 1, 2020, which is more than two years from the implementation date of the previous rate increase.

#### 3. DESCRIPTION OF BENEFITS

- A. **Long Term Care Facility Benefit** – Pays covered expenses incurred up to the daily maximum benefit elected. Allowable long term care facilities include the following:
  - Nursing home facility
  - Assisted living facility
- B. **Home and Community Care Benefit** – Pays covered expenses incurred up to the daily maximum benefit selected. The daily maximum benefit may be 100%, 50%, or 0% of the long term care facility benefit. Allowable home health care services include the following:
  - Professional nursing care,
  - Therapy services,
  - Assistance with activities of daily living, and
  - Adult day care
- C. **Daily Maximum Benefit** – Amounts were initially issued in \$10 increments with a minimum of \$50 per day.
- D. **Lifetime Elimination Period** – An insured must satisfy the elimination period before benefits are payable. The elimination period needs to be fulfilled only once per lifetime. Available elimination periods include 0, 7, 14, 20, 30, 60, and 100 days.
- E. **Maximum Benefit Amount** – The maximum benefit amount is a pool of money equal to the daily maximum benefit multiplied by a factor. Available factors include 1095, 1460, 1825, and Unlimited.



## American General Life Insurance Company

### Actuarial Justification of Premium Rate Increase For Individual Long Term Care Policy Form Series 64028

- F. Benefit Eligibility Criteria – Policy Form 64028VA** - The benefit eligibility criteria require that one of the following be necessary: assistance from another person with 2 or more of 6 Activities of Daily Living (ADLs) or supervision due to cognitive impairment. For nursing home benefits, a covered person may also qualify for benefits based on medical necessity. The six ADLs are bathing, dressing, continence, eating, toileting, and transferring.

**Rider Form C12271VA** – The benefit eligibility criteria require that a Licensed Health Care Practitioner certify that the Covered Person has been or will be unable to perform two or more Activities of Daily Living for a period of at least 90 days, or that the Covered Person requires Substantial Supervision to protect themselves from threats to health and safety due to Severe Cognitive Impairment.

**G. Additional Benefits**

- Respite care
- Caregiver training.
- Emergency response system
- Care Coordinator Services
- Bed reservation
- Waiver of premium

**H. Optional Benefits**

- Rider C12271VA gives the policy form tax qualification features
- Rider Form 64031 provides compound benefit increases at the rate of 5% per year each policy anniversary
- Rider Form 64032 provides non-forfeiture benefits. The benefit is a paid up benefit if policy termination occurs after the policyholder's third anniversary.
- Rider Form 64035-VA provides contingent non-forfeiture benefits. The benefit is a paid up benefit if policy termination occurs due to the cumulative impact of rate increase exceeding levels outlined in the Rider.

#### **4. RENEWABILITY**

This coverage is Guaranteed Renewable. Premiums may change only if the company changes premiums for all similar policies in Virginia for this policy form.

#### **5. ISSUE AGE LIMITS**

Issue age limits were 18 to 89.

## American General Life Insurance Company

### Actuarial Justification of Premium Rate Increase For Individual Long Term Care Policy Form Series 64028

#### 6. RATE INCREASE HISTORY

There have been five previous rate increases on the policies included in this filing:

Approval Date	Percentage Increase
7/25/2006	25%
10/1/2008	25%
5/29/2011	25%
3/14/2013	12.6%
11/6/2015	25%

The nationwide rate history and filing status is shown in Exhibit F.

#### 7. PROJECTION ASSUMPTIONS

**Interest** – A 4.5% effective annual rate of interest, which is the maximum valuation interest rate for contract reserves, has been assumed for accumulating historical experience and for discounting projected future experience per Virginia model regulations.

**Mortality** – Mortality assumptions were developed separately for active lives and disabled lives. Active life mortality rates were developed as factors of the 2000 Annuity Table by attained age and policy duration. Active life mortality improvement is assumed for the first 30 years of the projection using the AA projection scale. Adjustment factors were developed based on actual experience and range from 0.53 for issue ages 64 and under to 0.60 for issue ages 88 and higher. Disabled life mortality is based on a percentage of claim termination rates.

**Voluntary Lapse Rates** - Current best estimate lapse assumptions by policy duration were derived from actual experience and displayed in the table below:

Voluntary Lapse Rates	
<u>Policy Year</u>	<u>Lapse Rates</u>
1	10.00%
2	5.00%
3	2.90%
4	2.10%
5	2.30%
6	2.10%
7	2.20%
8	3.00%
9	3.00%
10	3.00%
11	2.40%
12	2.20%
13	2.10%
14+	1.75%

## American General Life Insurance Company

### Actuarial Justification of Premium Rate Increase For Individual Long Term Care Policy Form Series 64028

Best estimate lapse assumptions are adjusted based on policy benefits. In general, lapse assumptions are lower for policies with higher benefits.

**Morbidity** - Morbidity assumptions are based on American General Life Insurance Company's actual experience. Expected claim costs are developed as the product of incidence, utilization and claim continuance and vary by the place of care (home care, assisted living facility, or nursing home). The morbidity assumptions do not include morbidity improvement.

#### 8. MINIMUM REQUIRED LIFETIME LOSS RATIO

The minimum required lifetime loss ratio for these forms is 60%.

#### 9. PROJECTED FUTURE EXPERIENCE

Future experience, which has been projected for forty years using the best estimate assumptions described in Section 8, is shown in Exhibit C. The following table summarizes the nationwide anticipated future loss ratio without the requested rate increase:

Nationwide Future Experience Best Estimate Assumptions Without Rate Increase		
Earned Premium at Historical Virginia Rate Level	Incurred Claims	Loss Ratio
\$103,112,766	\$421,390,289	408.7%

#### 10. HISTORICAL EXPERIENCE

Nationwide experience from 4/1/1997 through 12/31/2017 is shown in Exhibit C. This data includes claim payments through 12/31/2017. The following table summarizes the nationwide historical loss ratio accumulated with interest to 12/31/2017:

Nationwide Historical Actual Experience		
Earned Premium at Historical Virginia Rate Level	Incurred Claims	Loss Ratio
\$634,007,244	\$502,121,022	79.2%

**American General Life Insurance Company**

**Actuarial Justification of Premium Rate Increase**  
**For Individual Long Term Care Policy Form Series 64028**

**11. LIFETIME ANTICIPATED LOSS RATIO**

The lifetime anticipated loss ratio is defined as the present value of the historical and projected future incurred claims divided by the present value of the historical and projected future earned premiums. Exhibit C also provides a projection of these values with a 11% rate increase implemented in calendar year 2018. Nationwide results are summarized below:

<b>Anticipated Lifetime Loss Ratio</b> <b>Rate Increase = 11%</b>			
<b>Time Period</b>	<b>Earned Premium at Historical/Projected Virginia Rate Level</b>	<b>Incurred Claims</b>	<b>Loss Ratio</b>
Future	\$110,729,985	\$421,390,289	380.6%
Lifetime	\$744,737,229	\$923,511,311	124.0%

The above demonstrates that both the anticipated future loss ratio and the lifetime anticipated loss ratio are in compliance with the minimum loss ratio requirements after implementation of the 11% rate increase.

The state of Virginia has previously requested lifetime experience for Virginia only experience. These projections are included in Exhibit D. Additionally, per Virginia model regulation; Exhibit E demonstrates compliance with the model regulation which requires that on a lifetime present value basis, incurred claims are at least equal to 60% of original premiums and 80% of increased premiums.

**12. ACTUARIAL CERTIFICATION**

I hereby certify to the best of my knowledge and judgment, the entire rate filing submitted herein is in compliance with all applicable laws of this state, the rules of the Department of Insurance, and Actuarial Standard of Practice Number 8 as adopted by the Actuarial Standards Board. In my opinion, the rates are not excessive or unfairly discriminatory. This filing will enhance premium adequacy, but it is likely that future rate action will be necessary. Therefore, benefits cannot be certified reasonable in relation to premium.

Respectfully submitted,



Brian D. Ulery, FSA, MAAA  
Principal Consulting Actuary  
LTCG

February 6, 2020

**American General Life Insurance Company**

**Actuarial Justification of Premium Rate Increase  
For Individual Long Term Care Policy Form Series 64028**

Attachments:

Exhibit A – Nationwide and Virginia Annualized Premiums  
Exhibit B – Originally Filed Loss Ratios  
Exhibit C – Lifetime Experience Without and With Rate Increase  
Exhibit D – Lifetime Experience Virginia Only  
Exhibit E – 60/80 Rate Stabilization Test  
Exhibit F – Rate Increase History  
Exhibit G – Policyholder Notification Letter  
Current Rate Sheets  
Proposed Rate Sheets (with 11% increase)

February 6, 2020

**American General Life Insurance Company**  
**Nationwide and Virginia Annualized Premiums**  
**Policies Inforce as of 12/31/2018**

		Average Annualized Premiums <sup>1</sup>	
		Annualized Premium Per Inforce	With a 11% Rate Increase
<b>Nationwide</b>	5,238	\$3,595	\$3,991
<b>Virginia</b>	79	\$4,565	\$5,067

<sup>1</sup> Based on premium paying policyholders

**Exhibit B**

**American General Life Insurance Company  
Policy Form Series 64028  
Long Term Care Plan - 30 Year Projection  
Original Filed Loss Ratios By Duration**

<b>Policy Year</b>	<b>Premiums</b>	<b>Claims</b>	<b>Loss Ratio</b>	<b>Present Values @ 5%</b>		
				<b>Premiums</b>	<b>Claims</b>	<b>Loss Ratio</b>
1	1,646.00	357.87	21.7%	1,646.00	349.25	21.2%
2	1,174.80	352.43	30.0%	1,118.86	327.56	29.3%
3	881.09	348.16	39.5%	799.17	308.18	38.6%
4	710.18	337.80	47.6%	613.48	284.77	46.4%
5	597.83	325.02	54.4%	491.84	260.95	53.1%
6	512.55	315.77	61.6%	401.60	241.45	60.1%
7	442.14	319.93	72.4%	329.93	232.98	70.6%
8	383.65	323.33	84.3%	272.65	224.25	82.2%
9	334.78	326.36	97.5%	226.59	215.57	95.1%
10	290.39	316.20	108.9%	187.19	198.91	106.3%
11	250.59	302.63	120.8%	153.84	181.31	117.9%
12	217.55	296.93	136.5%	127.20	169.42	133.2%
13	187.75	287.79	153.3%	104.55	156.39	149.6%
14	161.02	275.73	171.2%	85.39	142.70	167.1%
15	137.20	261.28	190.4%	69.30	128.78	185.8%
16	116.34	245.33	210.9%	55.96	115.16	205.8%
17	98.10	232.24	236.7%	44.94	103.83	231.0%
18	82.21	217.65	264.7%	35.87	92.67	258.4%
19	68.41	201.91	295.1%	28.43	81.88	288.0%
20	56.50	185.40	328.1%	22.36	71.60	320.2%
21	46.38	168.79	363.9%	17.48	62.08	355.2%
22	37.81	151.94	401.9%	13.57	53.22	392.2%
23	30.57	135.31	442.6%	10.45	45.14	432.0%
24	24.48	119.13	486.6%	7.97	37.85	474.9%
25	19.40	103.60	534.0%	6.02	31.35	521.2%
26	15.25	89.21	585.0%	4.50	25.71	570.9%
27	11.87	75.26	634.0%	3.34	20.66	618.8%
28	9.15	62.71	685.4%	2.45	16.39	668.8%
29	6.99	51.56	737.6%	1.78	12.84	719.8%
30	5.27	41.79	793.0%	1.28	9.91	773.9%
Total	8,556.25	6,829.06	79.81%	6,883.98	4,202.77	61.05%

## American General Life Insurance Company

## Policy Form 64028

## Lifetime Experience (Nationwide)

Results Without Rate Increase					Results With Rate Increase				
Year	Earned Premiums at Historical VA Rate Level	Incurred Claims <sup>1</sup>	ALR	Loss Ratio IC/EP	Year	Earned Premiums at Historical VA Rate Level	Incurred Claims <sup>1</sup>	ALR	Loss Ratio IC/EP
1997	114,262	0	0	0.0%	1997	114,262	0	0	0.0%
1998	2,741,075	244,334	338,304	8.9%	1998	2,741,075	244,334	338,304	8.9%
1999	8,897,299	1,637,372	3,019,434	18.4%	1999	8,897,299	1,637,372	3,019,434	18.4%
2000	16,769,737	3,532,967	8,420,501	21.1%	2000	16,769,737	3,532,967	8,420,501	21.1%
2001	25,249,863	10,122,796	15,615,906	40.1%	2001	25,249,863	10,122,796	15,615,906	40.1%
2002	27,255,517	11,833,562	29,981,633	43.4%	2002	27,255,517	11,833,562	29,981,633	43.4%
2003	25,899,360	12,427,752	46,157,092	48.0%	2003	25,899,360	12,427,752	46,157,092	48.0%
2004	24,383,594	10,270,483	61,648,095	42.1%	2004	24,383,594	10,270,483	61,648,095	42.1%
2005	23,151,432	16,216,752	73,866,988	70.0%	2005	23,151,432	16,216,752	73,866,988	70.0%
2006	21,378,965	18,573,515	85,266,591	86.9%	2006	21,378,965	18,573,515	85,266,591	86.9%
2007	24,411,964	18,415,944	96,447,840	75.4%	2007	24,411,964	18,415,944	96,447,840	75.4%
2008	21,314,350	13,767,410	104,802,524	64.6%	2008	21,314,350	13,767,410	104,802,524	64.6%
2009	23,865,782	21,989,479	109,284,753	92.1%	2009	23,865,782	21,989,479	109,284,753	92.1%
2010	21,762,809	21,971,421	114,454,329	101.0%	2010	21,762,809	21,971,421	114,454,329	101.0%
2011	20,299,961	21,603,845	119,320,598	106.4%	2011	20,299,961	21,603,845	119,320,598	106.4%
2012	21,522,045	20,222,985	123,344,036	94.0%	2012	21,522,045	20,222,985	123,344,036	94.0%
2013	20,455,901	32,206,378	126,529,939	157.4%	2013	20,455,901	32,206,378	126,529,939	157.4%
2014	19,751,757	28,354,239	129,612,635	143.6%	2014	19,751,757	28,354,239	129,612,635	143.6%
2015	17,836,852	32,259,983	136,397,100	180.9%	2015	17,836,852	32,259,983	136,397,100	180.9%
2016	18,689,795	35,049,933	135,106,088	187.5%	2016	18,689,795	35,049,933	135,106,088	187.5%
2017	17,227,590	31,125,205	133,724,208	180.7%	2017	17,227,590	31,125,205	133,724,208	180.7%
Accumulated	634,007,244	502,121,022		79.2%	Accumulated	634,007,244	502,121,022		79.2%
2018	16,911,479	34,824,843	134,125,078	205.9%	2018	16,911,479	34,824,843	134,125,078	205.9%
2019	15,229,637	36,659,749	133,243,064	240.7%	2019	15,229,637	36,659,749	133,243,064	240.7%
2020	13,613,529	37,649,398	131,482,552	276.6%	2020	14,734,599	37,649,398	131,482,552	255.5%
2021	12,112,693	37,909,653	128,840,488	313.0%	2021	13,445,090	37,909,653	128,840,488	282.0%
2022	10,725,060	37,689,334	125,244,078	351.4%	2022	11,904,817	37,689,334	125,244,078	316.6%
2023	9,456,020	37,134,343	120,729,553	392.7%	2023	10,496,182	37,134,343	120,729,553	353.8%
2024	8,289,769	36,381,499	115,400,486	438.9%	2024	9,201,644	36,381,499	115,400,486	395.4%
2025	7,225,288	35,301,501	109,411,214	488.6%	2025	8,020,070	35,301,501	109,411,214	440.2%
2026	6,261,161	33,839,264	102,872,177	540.5%	2026	6,949,888	33,839,264	102,872,177	486.9%
2027	5,392,298	32,126,748	95,957,933	595.8%	2027	5,985,451	32,126,748	95,957,933	536.7%
2028	4,614,734	30,279,590	88,774,440	656.2%	2028	5,122,355	30,279,590	88,774,440	591.1%
2029	3,924,633	28,304,587	81,431,412	721.2%	2029	4,356,342	28,304,587	81,431,412	649.7%
2030	3,316,652	26,132,499	74,068,832	787.9%	2030	3,681,484	26,132,499	74,068,832	709.8%
2031	2,784,758	23,779,891	66,842,481	853.9%	2031	3,091,081	23,779,891	66,842,481	769.3%
2032	2,323,513	21,379,418	59,860,508	920.1%	2032	2,579,100	21,379,418	59,860,508	828.9%
2033	1,926,519	19,026,603	53,186,211	987.6%	2033	2,138,436	19,026,603	53,186,211	889.7%
2034	1,586,819	16,853,108	46,877,094	1062.1%	2034	1,761,369	16,853,108	46,877,094	956.8%
2035	1,298,974	14,817,198	40,999,904	1140.7%	2035	1,441,861	14,817,198	40,999,904	1027.6%
2036	1,056,586	12,906,308	35,587,750	1221.5%	2036	1,172,811	12,906,308	35,587,750	1100.5%
2037	853,905	11,126,827	30,654,255	1303.1%	2037	947,835	11,126,827	30,654,255	1173.9%
2038	685,871	9,502,631	26,196,320	1385.5%	2038	761,316	9,502,631	26,196,320	1248.2%
2039	547,353	8,088,827	22,205,661	1477.8%	2039	607,561	8,088,827	22,205,661	1331.4%
2040	434,288	6,845,796	18,667,615	1576.3%	2040	482,060	6,845,796	18,667,615	1420.1%
2041	342,388	5,754,742	15,566,260	1680.8%	2041	380,050	5,754,742	15,566,260	1514.2%
2042	268,230	4,805,342	12,871,173	1791.5%	2042	297,735	4,805,342	12,871,173	1614.0%
2043	208,874	3,980,006	10,549,917	1905.5%	2043	231,850	3,980,006	10,549,917	1716.6%
2044	161,573	3,286,016	8,566,542	2033.8%	2044	179,346	3,286,016	8,566,542	1832.2%
2045	124,336	2,691,010	6,891,268	2164.3%	2045	138,014	2,691,010	6,891,268	1949.8%
2046	95,047	2,190,416	5,492,511	2304.6%	2046	105,502	2,190,416	5,492,511	2076.2%
2047	72,141	1,777,916	4,338,395	2464.5%	2047	80,076	1,777,916	4,338,395	2220.3%
2048	54,402	1,434,591	3,395,260	2637.0%	2048	60,387	1,434,591	3,395,260	2375.7%
2049	40,582	1,149,982	2,629,258	2833.7%	2049	45,046	1,149,982	2,629,258	2552.9%
2050	30,117	915,260	2,013,597	3039.0%	2050	33,430	915,260	2,013,597	2737.8%
2051	22,231	726,566	1,524,279	3268.3%	2051	24,676	726,566	1,524,279	2944.4%
2052	16,254	573,441	1,141,515	3528.0%	2052	18,042	573,441	1,141,515	3178.4%
2053	11,802	447,141	845,576	3788.6%	2053	13,101	447,141	845,576	3413.2%
2054	8,451	344,531	618,215	4076.9%	2054	9,380	344,531	618,215	3672.9%
2055	5,990	263,015	445,779	4390.7%	2055	6,649	263,015	445,779	3955.6%
2056	4,218	199,128	315,932	4720.4%	2056	4,682	199,128	315,932	4252.6%
2057	2,964	150,688	220,534	5083.3%	2057	3,290	150,688	220,534	4579.6%
Present Value	103,112,766	421,390,289		408.7%	Present Value	110,729,985	421,390,289		380.6%
Lifetime	737,120,010	923,511,311		125.3%	Lifetime	744,737,229	923,511,311		124.0%

<sup>1</sup> Projected future earned premiums and incurred claims are based on best estimate persistency and morbidity assumptions as shown in Section 8 of the actuarial memorandum.



## American General Life Insurance Company

## Policy Form 64028

## Lifetime Experience (Virginia Only)

Results Without Rate Increase				Results With Rate Increase		
Year	Earned Premiums	Incurred Claims <sup>1</sup>	Loss Ratio	Earned Premiums	Incurred Claims <sup>1</sup>	Loss Ratio
1997	894	0	0.0%	894	0	0.0%
1998	39,004	0	0.0%	39,004	0	0.0%
1999	81,981	0	0.0%	81,981	0	0.0%
2000	163,876	0	0.0%	163,876	0	0.0%
2001	295,512	128,230	43.4%	295,512	128,230	43.4%
2002	375,003	248,711	66.3%	375,003	248,711	66.3%
2003	367,037	77,183	21.0%	367,037	77,183	21.0%
2004	347,119	0	0.0%	347,119	0	0.0%
2005	343,521	209,190	60.9%	343,521	209,190	60.9%
2006	330,654	119,784	36.2%	330,654	119,784	36.2%
2007	343,897	57,465	16.7%	343,897	57,465	16.7%
2008	330,508	65,162	19.7%	330,508	65,162	19.7%
2009	355,625	600,346	168.8%	355,625	600,346	168.8%
2010	344,433	186,407	54.1%	344,433	186,407	54.1%
2011	345,518	116,159	33.6%	345,518	116,159	33.6%
2012	370,512	197,618	53.3%	370,512	197,618	53.3%
2013	356,949	501,361	140.5%	356,949	501,361	140.5%
2014	345,522	1,336,044	386.7%	345,522	1,336,044	386.7%
2015	313,464	0	0.0%	313,464	0	0.0%
2016	301,166	1,152,570	382.7%	301,166	1,152,570	382.7%
2017	284,559	363,768	127.8%	284,559	363,768	127.8%
Accumulated	9,230,857	6,966,162	75.5%	9,230,857	6,966,162	75.5%
2018	281,557	546,142	194.0%	281,557	546,142	194.0%
2019	255,549	578,734	226.5%	255,549	578,734	226.5%
2020	226,200	599,683	265.1%	244,827	599,683	244.9%
2021	201,680	607,702	301.3%	223,865	607,702	271.5%
2022	178,490	608,196	340.7%	198,124	608,196	307.0%
2023	157,711	597,266	378.7%	175,059	597,266	341.2%
2024	137,543	580,415	422.0%	152,673	580,415	380.2%
2025	119,804	557,641	465.5%	132,983	557,641	419.3%
2026	103,727	532,340	513.2%	115,137	532,340	462.4%
2027	89,258	508,466	569.7%	99,076	508,466	513.2%
2028	76,330	482,942	632.7%	84,726	482,942	570.0%
2029	64,810	454,979	702.0%	71,939	454,979	632.5%
2030	54,648	423,909	775.7%	60,660	423,909	698.8%
2031	45,712	390,131	853.5%	50,740	390,131	768.9%
2032	37,929	355,240	936.6%	42,101	355,240	843.8%
2033	31,251	317,440	1015.8%	34,688	317,440	915.1%
2034	25,569	277,468	1085.2%	28,382	277,468	977.6%
2035	20,782	240,384	1156.7%	23,068	240,384	1042.1%
2036	16,788	208,293	1240.7%	18,635	208,293	1117.8%
2037	13,486	179,371	1330.1%	14,969	179,371	1198.3%
2038	10,779	153,010	1419.5%	11,965	153,010	1278.8%
2039	8,584	127,854	1489.4%	9,528	127,854	1341.8%
2040	6,806	106,054	1558.2%	7,555	106,054	1403.8%
2041	5,358	89,368	1667.9%	5,948	89,368	1502.6%
2042	4,215	75,455	1790.4%	4,678	75,455	1612.9%
2043	3,306	62,661	1895.2%	3,670	62,661	1707.4%
2044	2,581	51,419	1992.0%	2,865	51,419	1794.6%
2045	2,018	40,424	2003.0%	2,240	40,424	1804.5%
2046	1,576	33,290	2112.8%	1,749	33,290	1903.5%
2047	1,211	27,840	2299.6%	1,344	27,840	2071.7%
2048	935	22,889	2448.6%	1,038	22,889	2206.0%
2049	710	18,377	2587.2%	788	18,377	2330.8%
2050	536	13,680	2550.9%	595	13,680	2298.1%
2051	408	11,012	2699.5%	453	11,012	2431.9%
2052	305	8,861	2907.4%	338	8,861	2619.3%
2053	222	7,050	3182.5%	246	7,050	2867.1%
2054	165	5,488	3331.9%	183	5,488	3001.7%
2055	119	3,751	3161.6%	132	3,751	2848.3%
2056	85	2,931	3466.0%	94	2,931	3122.6%
2057	62	2,294	3723.5%	68	2,294	3354.5%
Present Value	1,712,468	6,736,445	393.4%	1,838,626	6,736,445	366.4%
Lifetime	10,943,326	13,702,607	125.2%	11,069,483	13,702,607	123.8%

<sup>1</sup> Projected future earned premiums and incurred claims are based on best estimate persistency and morbidity assumptions as shown in Section 8 of the actuarial memorandum.

**Exhibit E****American General Life Insurance Company****Policy Form 64028****Lifetime Experience (Nationwide)****60/80 Rate Stabilization Test**

This exhibit demonstrates compliance with the model regulation which requires that on a lifetime present value basis, incurred claims are at least equal to 60% of original premiums and 80% of increased premiums. This test is satisfied if Line 11 is "True".

<u>Row</u>	<u>Description</u>	<u>Total</u>
(1)	Accumulated Past Total Premiums Including Rate Increases:	634,007,244
(2)	<u>Accumulated Past Premiums on Original Rate Basis:</u>	<u>512,626,729</u>
(3)	Accumulated Past Premiums Attributable to Rate Increases: (1) minus (2)	121,380,515
(4)	PV Future Total Premiums Including Rate Increases:	110,729,985
(5)	<u>PV Future Premiums on Original Rate Basis:</u>	<u>37,508,871</u>
(6)	PV Future Premiums Attributable to Rate Increases: (4) minus (5)	73,221,114
(7)	Accumulated Past Incurred Claims	502,121,022
(8)	<u>PV Future Incurred Claims</u>	<u>421,390,289</u>
(9)	Total Incurred Claims: (7) + (8)	923,511,311
(10)	$0.60 \times [(2) + (5)] + 0.80 \times [(3) + (6)] =$	485,762,663
(11)	Test: Is (9) $\geq$ (10)?	True

**American General Life Insurance Company  
LTC Rate History and Filing Status  
Policy 64028 and Associated Riders**

**Exhibit F  
Page 1 of 3**

State	Inforce Lives as of 12/2018	Annualized Premium as of 12/2018	Rate Increase #1			Rate Increase #2			Rate Increase #3			Rate Increase #4			Rate Increase #5		
			Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status
Alabama	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
Alaska	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
Arizona	49	168,483	25.00%	15.00%	9/9/2005	25.00%	15.00%	7/31/2007	25.00%	15.00%	12/29/2008	25.00%	25.00%	5/17/2010	25.00%	25.00%	1/23/2012
Arkansas	2	13,848	25.00%	25.00%	11/6/2006	25.00%	25.00%	10/1/2008	25.00%	12.50%	3/3/2010	25.00%	10.00%	4/19/2013	25.00%	15.00%	6/24/2015
California	630	1,893,244	25.00%	25.00%	1/14/2005	25.00%	25.00%	6/26/2007	25.00%	25.00%	5/11/2010	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Colorado	39	122,110	25.00%	25.00%	7/19/2006	25.00%	25.00%	10/7/2008	25.00%	25.00%	1/12/2010	25.00%	25.00%	7/15/2015	25.00%	0.00%	to be filed
Connecticut	57	314,312	25.00%	25.00%	5/25/2006	25.00%	15.00%	8/5/2008	25.00%	10.00%	11/6/2009	25.00%	20.00%	11/19/2010	25.00%	15.00%	7/12/2012
DC	4	9,827	25.00%	21.00%	10/8/2008	25.00%	10.00%	3/3/2011	25.00%	10.00%	5/30/2012	25.00%	10.00%	11/8/2013	10.00%	10.00%	2/18/2015
Delaware	31	69,334	25.00%	10.00%	4/5/2006	25.00%	10.00%	10/20/2008	25.00%	15.00%	5/10/2010	25.00%	15.00%	8/10/2011	25.00%	25.00%	10/22/2013
Florida	143	324,718	23.00%	23.00%	10/30/2006	64.00%	11.70%	10/24/2014	46.30%	46.30%	10/2/2017	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Georgia	10	28,363	25.00%	12.00%	9/26/2005	25.00%	10.00%	3/6/2007	25.00%	10.00%	11/11/2008	25.00%	10.00%	3/30/2010	25.00%	15.00%	7/18/2011
Hawaii	6	21,299	25.00%	20.00%	8/29/2006	25.00%	20.00%	12/24/2008	25.00%	15.00%	6/6/2011	25.00%	25.00%	8/12/2014	25.00%	20.60%	6/19/2018
Idaho	34	72,939	25.00%	25.00%	6/8/2006	25.00%	25.00%	10/7/2008	25.00%	25.00%	4/29/2010	25.00%	10.00%	1/6/2012	25.00%	10.00%	10/30/2014
Illinois	217	973,002	25.00%	25.00%	2/4/2005	25.00%	25.00%	6/20/2007	25.00%	25.00%	8/4/2008	25.00%	25.00%	12/4/2009	25.00%	25.00%	3/29/2011
Indiana	29	72,218	25.00%	25.00%	9/24/2005	25.00%	25.00%	2/20/2007	25.00%	25.00%	11/6/2008	25.00%	10.00%	6/24/2010	25.00%	0.00%	to be filed
Iowa	48	138,471	25.00%	20.00%	6/2/2006	25.00%	15.00%	11/24/2008	25.00%	20.00%	5/7/2010	25.00%	19.00%	7/6/2011	25.00%	18.00%	11/5/2012
Kansas	141	430,790	25.00%	15.00%	8/11/2005	25.00%	15.00%	6/1/2007	25.00%	25.00%	11/10/2008	25.00%	10.00%	7/26/2010	25.00%	10.00%	9/28/2011
Kentucky	30	100,341	25.00%	25.00%	7/15/2005	25.00%	25.00%	2/19/2007	25.00%	10.00%	1/6/2009	25.00%	10.00%	5/17/2010	25.00%	5%/20%	9/7/2011
Louisiana	39	89,430	25.00%	25.00%	2/9/2007	25.00%	10.00%	8/21/2008	25.00%	15.00%	5/21/2010	15.00%	15.00%	8/23/2013	25.00%	20.00%	5/31/2016
Maine	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
Maryland	146	689,852	15.00%	15.00%	7/27/2005	15.00%	15.00%	2/20/2007	15.00%	15.00%	8/19/2008	15.00%	15.00%	10/27/2009	15.00%	15.00%	11/29/2011
Massachusetts	337	960,095	25.00%	25.00%	11/23/2005	25.00%	10.00%	5/17/2012	151.00%	40.00%	1/20/2017	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Michigan	61	308,693	25.00%	25.00%	3/17/2005	25.00%	25.00%	2/28/2007	25.00%	25.00%	9/18/2008	25.00%	25.00%	11/2/2009	25.00%	25.00%	12/14/2010
Minnesota	121	303,916	25.00%	25.00%	3/15/2005	25.00%	25.00%	4/12/2007	25.00%	25.00%	2/10/2009	25.00%	25.00%	4/24/2018	25.00%	0.00%	to be filed
Mississippi	11	44,428	25.00%	25.00%	10/24/2008	25.00%	25.00%	3/26/2010	25.00%	25.00%	7/25/2011	25.00%	25.00%	3/8/2013	25.00%	25.00%	5/22/2014
Missouri	95	364,204	25.00%	25.00%	6/12/2006	25.00%	25.00%	10/31/2007	25.00%	25.00%	11/14/2008	25.00%	26.50%	8/22/2012	25.00%	25.00%	3/18/2015
Montana	10	23,679	25.00%	25.00%	3/2/2006	25.00%	25.00%	9/16/2008	25.00%	25.00%	11/12/2009	25.00%	25.00%	12/20/2010	25.00%	15.00%	1/23/2012
Nebraska	23	82,672	25.00%	25.00%	4/1/2005	25.00%	25.00%	1/5/2009	25.00%	25.00%	3/30/2010	25.00%	10.00%	10/14/2011	25.00%	25.00%	3/21/2013
Nevada	14	48,387	25.00%	25.00%	10/15/2008	25.00%	25.00%	1/27/2010	25.00%	20.00%	4/16/2013	25.00%	25.00%	4/29/2015	25.00%	25.00%	4/23/2018
New Hampshire	32	79,801	25.00%	25.00%	7/14/2006	25.00%	25.00%	7/17/2008	25.00%	25.00%	10/1/2009	25.00%	25.00%	8/10/2012	25.00%	25.00%	3/17/2015
New Jersey	341	1,690,184	25.00%	20%/10%	12/12/2006	25.00%	25.00%	10/31/2008	25.00%	25.00%	7/12/2010	25.00%	25.00%	11/21/2012	25.00%	25.00%	3/19/2014
New Mexico	47	135,140	25.00%	25.00%	4/4/2005	25.00%	25.00%	3/8/2007	25.00%	25.20%	10/2/2009	25.00%	10.00%	12/21/2012	25.00%	15.00%	2/25/2014
New York	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
North Carolina	109	374,575	25.00%	25.00%	12/9/2005	25.00%	25.00%	9/11/2008	25.00%	25.00%	11/17/2009	25.00%	13.50%	7/23/2013	25.00%	10.00%	1/21/2015
North Dakota	59	245,870	25.00%	20.00%	3/15/2005	25.00%	20.00%	3/1/2007	25.00%	20.00%	10/21/2008	25.00%	20.00%	1/5/2010	25.00%	20.00%	11/23/2010
Ohio	192	628,716	25.00%	25.00%	1/21/2005	25.00%	25.00%	2/15/2007	25.00%	25.00%	9/10/2008	25.00%	10.00%	4/9/2010	25.00%	25.00%	12/2/2015
Oklahoma	145	419,110	15.00%	15.00%	12/27/2004	15.00%	15.00%	2/2/2007	15.00%	15.00%	2/6/2009	15.00%	10.00%	11/8/2010	15.00%	15.00%	12/20/2011
Oregon	87	255,655	25.00%	20.00%	4/30/2007	25.00%	15.00%	10/10/2008	25.00%	5.00%	5/20/2010	25.00%	10.00%	12/9/2011	25.00%	15.00%	12/16/2013
Pennsylvania	303	1,190,650	25.00%	25.00%	6/2/2005	25.00%	10.00%	9/19/2007	25.00%	25.00%	9/8/2008	25.00%	17.50%	5/6/2010	25.00%	17.50%	6/8/2012
Rhode Island	93	294,156	25.00%	25.00%	4/4/2005	25.00%	25.00%	4/5/2007	25.00%	15.40%	8/17/2009	25.00%	16.70%	9/19/2011	25.00%	25.00%	4/28/2015
South Carolina	36	138,237	25.00%	25.00%	5/9/2006	25.00%	25.00%	4/25/2007	25.00%	20.00%	11/25/2008	25.00%	20.00%	7/22/2010	25.00%	5.00%	11/3/2011
South Dakota	23	119,213	25.00%	25.00%	6/24/2005	25.00%	25.00%	7/11/2008	25.00%	25.00%	8/27/2009	25.00%	11.00%	10/21/2010	25.00%	25.00%	2/10/2012
Tennessee	32	115,320	25.00%	25.00%	6/16/2006	25.00%	15.00%	9/22/2008	25.00%	18.00%	11/18/2009	25.00%	10.00%	2/17/2011	25.00%	25.00%	3/15/2012
Texas	348	956,724	25.00%	25.00%	8/1/2005	25.00%	18.00%	4/25/2007	25.00%	16.00%	6/29/2009	25.00%	25.00%	6/10/2011	25.00%	18.00%	7/28/2014
Utah	21	50,814	25.00%	25.00%	8/10/2006	25.00%	25.00%	7/6/2009	25.00%	25.00%	10/25/2010	25.00%	25.00%	3/30/2012	25.00%	25.00%	1/10/2017
Vermont	6	13,481	25.00%	0.00%	disapproved	0.00%	0.00%	not filing	0.00%	0.00%	not filing	0.00%	0.00%	not filing	0.00%	0.00%	not filing
Virginia	79	333,265	25.00%	25.00%	7/25/2006	25.00%	25.00%	10/1/2008	25.00%	25.00%	5/29/2011	25.00%	12.60%	3/14/2013	25.00%	25.00%	11/6/2015
Washington	52	326,620	25.00%	25.00%	2/1/2005	25.00%	25.00%	2/21/2007	25.00%	25.00%	9/2/2008	25.00%	25.00%	11/23/2009	25.00%	25.00%	5/2/2011
West Virginia	9	42,865	25.00%	15.00%	6/14/2006	25.00%	25.00%	12/10/2008	25.00%	25.00%	5/13/2010	25.00%	25.00%	9/28/2011	25.00%	15.00%	3/25/2013
Wisconsin	897	2,592,723	25.00%	20.00%	10/21/2005	25.00%	12.00%	11/1/2007	25.00%	16%/10%	8/25/2009	25.00%	25%/10%	8/4/2011	25.00%	25%/10%	11/18/2013
Wyoming	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-

**American General Life Insurance Company  
LTC Rate History and Filing Status  
Policy 64028 and Associated Riders**

**Exhibit F  
Page 2 of 3**

State	Inforce Lives as of 12/2018	Annualized Premium as of 12/2018	Rate Increase #6			Rate Increase #7			Rate Increase #8			Rate Increase #9		
			Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status
Alabama	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
Alaska	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
Arizona	49	168,483	25.00%	0.00%	pending	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Arkansas	2	13,848	25.00%	25.00%	11/7/2016	25.00%	25.00%	6/15/2018	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
California	630	1,893,244	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Colorado	39	122,110	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Connecticut	57	314,312	25.00%	20.00%	6/18/2013	19.00%	19.00%	9/3/2015	25.00%	40.00%	3/27/2018	25.00%	0.00%	to be filed
DC	4	9,827	0.00%	0.00%	not filing	0.00%	0.00%	not filing	0.00%	0.00%	not filing	0.00%	0.00%	not filing
Delaware	31	69,334	25.00%	25.00%	5/20/2015	25.00%	25.00%	11/16/2017	25.00%	25.00%	10/15/2019	25.00%	0.00%	to be filed
Florida	143	324,718	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Georgia	10	28,363	25.00%	12.00%	7/20/2012	25.00%	10.00%	8/13/2013	25.00%	10.00%	7/29/2015	25.00%	12.00%	7/26/2017
Hawaii	6	21,299	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Idaho	34	72,939	42.20%	21.00%	7/31/2018	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Illinois	217	973,002	25.00%	25.00%	3/27/2012	25.00%	25.00%	1/8/2015	27.00%	27.00%	10/30/2017	25.00%	0.00%	to be filed
Indiana	29	72,218	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Iowa	48	138,471	25.00%	16.50%	12/27/2013	25.00%	17.90%	10/14/2015	25.00%	17.90%	3/6/2019	25.00%	0.00%	to be filed
Kansas	141	430,790	25.00%	12.00%	10/23/2012	25.00%	10.00%	9/24/2013	25.00%	10.00%	3/18/2016	25.00%	15.00%	3/12/2019
Kentucky	30	100,341	25.00%	5%/15%/25%	9/23/2014	25.00%	15.00%	2/1/2016	25.00%	25.00%	3/14/2019	25.00%	0.00%	to be filed
Louisiana	39	89,430	25.00%	20.00%	9/30/2019	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Maine	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
Maryland	146	689,852	15.00%	15.00%	1/15/2013	15.00%	15.00%	2/28/2014	15.00%	15.00%	2/2/2016	15.00%	8.00%	5/4/2018
Massachusetts	337	960,095	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Michigan	61	308,693	25.00%	25.00%	1/25/2012	25.00%	25.00%	7/15/2013	11.00%	11.00%	7/29/2015	10.00%	10.00%	12/27/2017
Minnesota	121	303,916	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Mississippi	11	44,428	25.00%	10.00%	1/21/2016	-	-	-	-	-	-	-	-	-
Missouri	95	364,204	25.00%	25.00%	8/2/2016	25.00%	25.00%	9/26/2018	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Montana	10	23,679	25.00%	25.00%	8/20/2013	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Nebraska	23	82,672	25.00%	25.00%	10/17/2014	25.00%	33.10%	10/27/2016	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Nevada	14	48,387	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
New Hampshire	32	79,801	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
New Jersey	341	1,690,184	25.00%	33.10%	3/17/2017	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
New Mexico	47	135,140	25.00%	15.00%	10/23/2015	25.00%	15.00%	7/5/2018	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
New York	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
North Carolina	109	374,575	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
North Dakota	59	245,870	25.00%	20.00%	2/13/2012	25.00%	15.00%	7/18/2013	25.00%	15.00%	7/24/2015	25.00%	15.00%	10/25/2017
Ohio	192	628,716	25.00%	15.00%	3/6/2018	25.00%	15.00%	12/27/2019	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Oklahoma	145	419,110	25.00%	25.00%	3/27/2013	25.00%	25.00%	10/28/2014	25.00%	10.00%	5/31/2016	25.00%	15.00%	4/5/2019
Oregon	87	255,655	25.00%	70.00%	12/14/2015	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Pennsylvania	303	1,190,650	25.00%	15.00%	10/7/2014	25.00%	16.00%	6/11/2019	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Rhode Island	93	294,156	25.00%	25.00%	1/21/2020	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
South Carolina	36	138,237	25.00%	15.00%	3/1/2013	25.00%	9.50%	9/12/2014	25.00%	8.00%	3/23/2016	25.00%	0.00%	to be filed
South Dakota	23	119,213	25.00%	25.00%	8/13/2013	25.00%	25.00%	9/9/2015	25.00%	25.00%	10/17/2018	25.00%	0.00%	to be filed
Tennessee	32	115,320	25.00%	25.00%	7/23/2013	25.00%	25.00%	2/20/2015	25.00%	15.00%	8/17/2017	25.00%	15.00%	9/10/2019
Texas	348	956,724	25.00%	25.00%	3/6/2019	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Utah	21	50,814	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Vermont	6	13,481	0.00%	0.00%	not filing	0.00%	0.00%	not filing	0.00%	0.00%	not filing	0.00%	0.00%	not filing
Virginia	79	333,265	11.00%	0.00%	pending	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Washington	52	326,620	25.00%	25.00%	7/6/2012	25.00%	25.00%	11/22/2013	25.00%	25.00%	9/30/2015	25.00%	0.00%	to be filed
West Virginia	9	42,865	25.00%	25.00%	3/23/2015	25.00%	25.00%	3/31/2017	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Wisconsin	897	2,592,723	25.00%	25%/10%	1/12/2016	25.00%	12%/10%	3/19/2018	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Wyoming	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-

**American General Life Insurance Company  
LTC Rate History and Filing Status  
Policy 64028 and Associated Riders**

Exhibit F  
Page 3 of 3

State	Inforce Lives as of 12/2018	Annualized Premium as of 12/2018	Rate Increase #10		Approved Date/Current Status
			Rate Incrs Requested	Rt Incrs Approved	
Alabama	0	0	0.00%	0.00%	-
Alaska	0	0	0.00%	0.00%	-
Arizona	49	168,483	25.00%	0.00%	to be filed
Arkansas	2	13,848	25.00%	0.00%	to be filed
California	630	1,893,244	25.00%	0.00%	to be filed
Colorado	39	122,110	25.00%	0.00%	to be filed
Connecticut	57	314,312	25.00%	0.00%	to be filed
DC	4	9,827	0.00%	0.00%	not filing
Delaware	31	69,334	25.00%	0.00%	to be filed
Florida	143	324,718	25.00%	0.00%	to be filed
Georgia	10	28,363	25.00%	10.00%	8/5/2019
Hawaii	6	21,299	25.00%	0.00%	to be filed
Idaho	34	72,939	25.00%	0.00%	to be filed
Illinois	217	973,002	25.00%	0.00%	to be filed
Indiana	29	72,218	25.00%	0.00%	to be filed
Iowa	48	138,471	25.00%	0.00%	to be filed
Kansas	141	430,790	25.00%	0.00%	to be filed
Kentucky	30	100,341	25.00%	0.00%	to be filed
Louisiana	39	89,430	25.00%	0.00%	to be filed
Maine	0	0	0.00%	0.00%	-
Maryland	146	689,852	15.00%	0.00%	pending
Massachusetts	337	960,095	25.00%	0.00%	to be filed
Michigan	61	308,693	10.00%	0.00%	to be filed
Minnesota	121	303,916	25.00%	0.00%	to be filed
Mississippi	11	44,428	-	-	-
Missouri	95	364,204	25.00%	0.00%	to be filed
Montana	10	23,679	25.00%	0.00%	to be filed
Nebraska	23	82,672	25.00%	0.00%	to be filed
Nevada	14	48,387	25.00%	0.00%	to be filed
New Hampshire	32	79,801	25.00%	0.00%	to be filed
New Jersey	341	1,690,184	25.00%	0.00%	to be filed
New Mexico	47	135,140	25.00%	0.00%	to be filed
New York	0	0	0.00%	0.00%	-
North Carolina	109	374,575	25.00%	0.00%	to be filed
North Dakota	59	245,870	25.00%	15.00%	5/23/2019
Ohio	192	628,716	25.00%	0.00%	to be filed
Oklahoma	145	419,110	25.00%	0.00%	to be filed
Oregon	87	255,655	25.00%	0.00%	to be filed
Pennsylvania	303	1,190,650	25.00%	0.00%	to be filed
Rhode Island	93	294,156	25.00%	0.00%	to be filed
South Carolina	36	138,237	25.00%	0.00%	to be filed
South Dakota	23	119,213	25.00%	0.00%	to be filed
Tennessee	32	115,320	25.00%	0.00%	to be filed
Texas	348	956,724	25.00%	0.00%	to be filed
Utah	21	50,814	25.00%	0.00%	to be filed
Vermont	6	13,481	0.00%	0.00%	not filing
Virginia	79	333,265	25.00%	0.00%	to be filed
Washington	52	326,620	25.00%	0.00%	to be filed
West Virginia	9	42,865	25.00%	0.00%	to be filed
Wisconsin	897	2,592,723	25.00%	0.00%	to be filed
Wyoming	0	0	0.00%	0.00%	-

Long Term Care Insurance Rate Request Summary  
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number: American General Life Insurance Company NAIC#60488

SERFF Tracking Number: LTCG-131461895

Effective Date: 4/1/2020

Revised Rates

Average Annual Premium Per Member: \$4,928

Average Requested Percentage Rate Change Per Member: 11%

Minimum Requested Percentage Rate Change Per Member: 11%

Maximum Requested Percentage Rate Change Per Member: 11%

Number of Policy Holders Affected : 73

Plans Affected

(The Form Number and "Product Name")

Form#

"Product Name"(if applicable)

64028-VA  
C12271VA  
64031  
64032  
64035-VA

Non Tax-Qualified  
Tax Qualified  
Inflation Benefit  
Nonforfeiture Benefit  
Contingent Nonforfeiture Benefit

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

*This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.*



American General Life  
Insurance Company  
2727-A Allen Parkway  
Houston, TX 77019  
www.aig.com

Leo W. Grace  
Vice President  
Product Compliance  
Consumer Insurance  
T 713 831 3508  
leo.grace@aglife.com

January 2, 2020

Dear Insurance Commissioner:

This letter authorizes the Long Term Care Group, Inc. (LTCG) to make various policy form filings, including premium rate filings on behalf of American General Life Insurance Company.

This authorization will remain in full force and effect until the earlier of (a) your receipt of a written notification from American General Life Insurance Company expressly terminating this authorization; or (b) 31<sup>st</sup> of December 2020.

Please feel free to contact me directly should you have any questions concerning this authorization, c/o American General Life Insurance Company, 2727-A Allen Parkway, Mail Stop 2-C1, Houston, TX, 77019.

Sincerely,

A handwritten signature in blue ink, appearing to read "Leo W. Grace", written in a cursive style.

Leo W. Grace



American General Life  
Insurance Company  
2727-A Allen Parkway  
Houston, TX 77019  
www.aig.com

Leo W. Grace  
Vice President  
Product Compliance  
Consumer Insurance  
T 713 831 3508  
F 713 832 6010  
leo.grace@aglife.com

December 21, 2018

Dear Insurance Commissioner:

This letter authorizes the Long Term Care Group, Inc. (LTCG) to make various policy form filings, including premium rate filings on behalf of American General Life Insurance Company.

This authorization will remain in full force and effect until the earlier of (a) your receipt of a written notification from American General Life Insurance Company expressly terminating this authorization; or (b) 31<sup>st</sup> of December 2019.

Please feel free to contact me directly should you have any questions concerning this authorization, c/o American General Life Insurance Company, 2929 Allen Parkway, Mail Stop A9-90, Houston, TX, 77019.

Sincerely,

A handwritten signature in blue ink, appearing to read "Leo W. Grace", written in a cursive style.

Leo W. Grace





20975 Swenson Drive  
Suite 420  
Waukesha, WI 53186  
(877) 431-5824

May 17, 2018

Virginia Bureau of Insurance  
Attn: Life and Health Rate Review Section

Re: AMERICAN GENERAL LIFE INSURANCE COMPANY  
FEIN # 25-0598210 NAIC # 60488  
INDIVIDUAL ACCIDENT AND HEALTH INSURANCE  
Rate Increase for:  
Non-Tax Qualified Long Term Care Policy 64028-VA  
Tax Qualified Long Term Care Policy Rider C12271VA  
Inflation Benefit Rider 64031  
Nonforfeiture Benefit Rider 64032  
Contingent Nonforfeiture Benefit Rider 64035-VA

Dear Sir or Madam:

On behalf of American General Life Insurance Company (AGL), we at Long Term Care Group, Inc. (LTCG) are submitting the enclosed actuarial memorandum and rate sheets for your review and approval. A letter from AGL authorizing LTCG to make this rate filing on behalf of AGL is included.

The enclosed actuarial memorandum details the request for a 63% rate increase for AGL's long term care insurance Policy Form Series 64028 as noted above. The company is willing to implement the requested 63% increase in a series of three annual 20% rate increases. An annual increase of 20% for three years is actuarially equivalent to the requested single rate increase of 63%.

The company discontinued sales of this form series in calendar year 2001. We are requesting this rate increase because persistency and claim experience are expected to produce lifetime loss ratios that far exceed the original pricing loss ratio. Your department has approved previous rate increases on this business. At this time, an additional rate increase of 63% is needed to mitigate future losses.

While an increase larger than 63% is justified at this time, the company is not seeking a higher increase. The company will continue to monitor the emerging experience of this block and review whether an additional rate increase is necessary.

The company will offer insureds affected by the premium increase several options to change their benefits. These options will allow insureds the flexibility to maintain their current premium level, if desired.

May 17, 2018

Page 2 of 2

The rates will be effective following approval and fulfillment of all statutory and contractual requirements, but not earlier than November 1, 2018, which is more than one year from the effective date of the previous rate increase. The rate increase will apply to all premium paying policyholders.

We trust that you will find our filing to be in order and hope that you will grant your Department's approval to this submission. If you have any questions or would like to discuss any of the materials included in this submission, please feel free to call me directly at (952) 826-7227 or send me an email at [Brian.Ulery@LTCG.com](mailto:Brian.Ulery@LTCG.com).

We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Ulery", with a stylized flourish at the end.

Brian Ulery, FSA, MAAA  
Principal Consulting Actuary  
LTCG

## VIRGINIA COMPLIANCE CERTIFICATION

Name and Address of Insurer:

American General Life Insurance Company  
2727-A Allen Parkway  
Houston, TX 77019

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.



Signature of an Officer of the Insurer

Brian D. Ulery

Name (Print)

Principal Consulting Actuary

Title

May 18, 2018

Date



20975 Swenson Drive  
Suite 420  
Waukesha, WI 53186  
(877) 431-5824

August 14, 2018

Mr. Bill Dismore  
Virginia State Corporation Commission  
Bureau of Insurance  
Commonwealth of Virginia  
P.O. Box 1157  
Richmond, VA 23218

**RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY**  
**PROJECT NAME/NUMBER: AGL RI6 FILING/AGL RI6 VA**  
**SERFF TRACKING NO: LTCG-131461895**

Dear Mr. Dismore:

This letter is in response to your dated July 11, 2018. Your letter indicated you would like additional information. Specifically, you stated:

***1) Rate/Rule Schedule - Company Rate Information***

*Please review the Overall % Indicated Change: of 753.000% as this is well above the Maximum % Change of 63.000%*

The overall % indicated change is defined on SERFF as the statewide average premium change for the product indicated by the company's actuary to achieve the required minimum loss ratio. The overall % indicated change is calculated as follows:

$$\frac{\$923,511,311 - \$634,007,244 - \$103,112,766}{\$103,112,766} = 753\%$$

The maximum % change is defined on SERFF as the maximum % change experienced by an individual policyholder within the program due to the filed rate revision.

The minimum % change is defined on SERFF as the minimum % change experienced by an individual policyholder within the program due to the filed rate revision.

The filing is a request for a 63% rate increase for AGL's long term care insurance Policy Form Series 64028. The company is willing to implement the requested 63% increase in a series of three annual 20% rate increases. An annual increase of 20% for three years is actuarially equivalent to the requested single rate increase of 63%.

**2) Long Term Care Insurance Rate Request Summary (Supporting Document)**

*Please attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates as per instructions for the Long Term Care Insurance Rate Request Summary - Part 1.*

A brief narrative summarizing the key information used to develop the rates, including the main drivers for the revised rates, is attached as Exhibit H.

**3) L&H Actuarial Memorandum and Cover Letter (Supporting Document)**

*The Company states that an increase larger than 63% is justified but they are not seeking a higher increase. If this increase is approved and experience develops as anticipated, what targeted loss ratio does the company plan to manage this block in the future?*

The product was originally priced for a 61% lifetime loss ratio. Exhibit B provides the originally filed loss ratios for this policy by duration. This filing demonstrates that if future experience is consistent with our best estimates, and nationwide earned premiums are restated to the historical Virginia rate level, the actual lifetime loss ratio will be 125.3%. The requested rate increase is needed to mitigate future losses.

Historically, the company has not requested the full justified rate increase. Instead the company chooses to monitor experience to see if a future rate increase is needed. As Exhibit C demonstrates, the lifetime loss ratio will be 116.6% if the requested sequence of rate increases is approved, far above the pricing lifetime loss ratio of 61%. Because the lifetime loss ratio of 116.6%, should the requested rate increase be approved by the state, is still significantly higher than the pricing loss ratio of 61%, the company plans to continue to review experience, and additional premium rate increase filings may be necessary. The company does not have target loss ratio to manage this block to in the future, but rather the company is simply seeking to mitigate future losses to the extent possible.

**4) L&H Actuarial Memorandum (Supporting Document)- Exhibit C**

*Please provide the nationwide actual earned lifetime experience without adjustment to the Virginia rate level for historical, future projected and lifetime.*

Exhibit I includes the requested lifetime experience exhibit containing actual earned lifetime experience without any adjustments for VA rate levels.

**5) L&H Actuarial Memorandum (Supporting Document)**

1. *Please provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms introduction.*

Exhibit J includes a lifetime experience exhibit so that historical and future premiums are based on the proposed rate level.

2. *Provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual in force as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale as if no increases had ever been implemented.*

Exhibit K contains the requested lifetime experience, including actual historical experience and future values based on a projection of currently inforce policyholders, original pricing assumptions, and future premiums based on the original premium scale.

3. *Provide an actual-to-expected analysis on each assumption, with expected on both original and current assumption basis.*

An actual-to-expected analysis of each assumption with original pricing and current assumptions has not been provided, as it would not provide a meaningful comparison as both model and assumption structures have changed between original pricing and current assumptions. Original pricing assumptions were developed on a total lives basis, whereas current assumptions are developed and modeled on an active vs. disabled lives basis. Further, original pricing morbidity was developed as aggregate claim costs, whereas current morbidity is developed and modeled from first principles as incidence, utilization, and claim terminations.

Exhibit L, developed in response to the next part of this objection (Objection 5, part 4) will show the impact of the movement and impact of the change in assumptions between original pricing and current assumptions.

4. *Provide a step-by-step quantification of the impact of the change in each assumption from the original assumptions to the current assumptions.*

A step-by-step quantification of the impact of the change in each assumption from original pricing assumptions to current best estimate assumptions can be found in Exhibit L.

5. *Please provide all factors used, with working formulas in Excel so that all projections can be recreated.*

Projections are developed using GGY AXIS. As such, it is not feasible to supply an Excel spreadsheet with working formulas to recreate the projections. GGY AXIS is an active/disabled lives model the uses first principles assumptions. Details of these assumptions can be found in the Actuarial Memorandum.

Please see the attached Excel Exhibits file, which contains the lifetime experience exhibits with working formulas of the accumulation of the calendar year model results. Further, Exhibit M contains details of each assumption in the model and how it was developed.

6. *Please provide a detailed explanation of the data sources and actuarial review performed in setting each assumption, including discussion of any adjustments made to reflect the company's unique business.*

A description of each assumption can be found in Section 8 of the Actuarial Memorandum. Exhibit M contains additional detail about how each assumption was developed.

7. *Please provide the reserve basis and justification for the reserve levels provided.*

The reserves used in this filing comply with the requirements for statutory contract reserves. The reserves are modeled as one-year preliminary term tabular active life reserves and statutory claim reserves.

**6. L&H Actuarial Memorandum (Supporting Document)**

1. *Please identify the amount of Active Life reserves related to these policies.*

As of year-end 2017, the active life reserves for this cohort of policies issued in Virginia totaled \$ 2,195,831.

2. *For the next 10 years, provide the projected loss ratio using the following formula:*

*$$\frac{[(Paid\ Claims + IBNP(*) + IBNR(**)) - Active\ Life\ Reserves]}{Projected\ Earned\ Premiums} = Projected\ Loss\ Ratio$$*

*(\*) Incurred claims But Not Paid*

*(\*\*) Incurred claims But Not Reported*

Exhibit N contains the projected loss ratio as requested using the 2017 active life reserve and the present value of the next 10 years of earned premium and incurred claims. The term (Paid Claims + IBNP + IBNR) is represented by the term "Incurred Claims."

The active life reserve was not included in the originally expected loss ratio, and thus it should not be included in the currently expected loss ratio. It is not typical to include active life reserves in the calculation of loss ratio for this product type in the industry, and therefore, while we have provided the requested loss ratio, we do not feel it is a meaningful indicator of the status of the block.

We look forward to hearing from you.

Sincerely,



Brian Ulery, FSA, MAAA  
Principal Consulting Actuary  
LTCG

Attachments:

Excel Exhibits

Exhibit H – Primary Rate Drivers

Exhibit M – Description of Assumptions



**American General Life Insurance Company  
Development of Revised Rates  
For Individual Long Term Care Policy Form Series 64028**

The product was originally priced for a 61% lifetime loss ratio. Exhibit B provides the originally filed loss ratios for this policy by duration.

This rate filing is a request for three consecutive annual rate increases of 20%. While a rate increase larger than the current request can be justified at this time, the company is currently not seeking a higher increase. Instead the company will continue to monitor emerging experience and review whether an additional rate increase is necessary. In past premium rate increase filings, the company has taken and communicated a consistent approach in that the company has chosen not to request the full justified rate increase but rather the company has requested a lower rate increase and has continued to monitor experience.

As stated, the company has continued to monitor experience. Deteriorating morbidity has been a primary driver in the need for revised rates. Additionally, higher than expected persistency, primarily due to lower than expected lapses, are a secondary driver. Changes in best estimate mortality rates have had a small impact on rates.

Additional information pertaining the development of rates and the drivers of the revised rates can be found throughout the filing materials, primarily in the Actuarial Memorandum, Exhibit C, Exhibit L, and Exhibit M.

**American General Life Insurance Company  
Assumption Background  
For Individual Long Term Care Policy Form Series 64028**

This document contains background on the actuarial review and development process for setting the assumptions used in this premium rate increase filing. This information is supplemental to the information on projection assumptions found in Section 8 of the Actuarial Memorandum of this filing.

**Interest Discount Rate**

A 4.5% effective annual rate of interest, which is the maximum valuation interest rate for contract reserves, has been assumed for accumulating historical experience and for discounting projected future experience per Virginia model regulations.

**Mortality**

Mortality assumptions were developed separately for active lives and disabled lives. In the experience data, it is difficult to differentiate active versus disabled status for policies prior to 2003. Thus, we calculated mortality rates using exposure and claims data from calendar year 2003 and later.

Active life mortality improvement is assumed for the first 30 years of the projection using the AA projection scale. This mortality assumption was developed during 2017Q1 Loss Recognition Testing.

Active life mortality rates were developed as factors of the 2000 Annuity Table, by attained age and policy duration. This mortality assumption was developed based on actual experience for this block through June 30, 2016.

**Morbidity**

1. **Developed ultimate incidence rates:** We calculated ultimate incidence rates based on policy exposure for durations 8 and later. Consistent with our modeling approach, we considered only the exposures of policies that were in active status during the exposure period. Only policies issued without a marital discount and with either a 90 or 100 day elimination period were included in the analysis. The study was segmented by coverage type (comprehensive or facility only) and level of care (Nursing Home, Assisted Living Facility and Home Health Care). We graduated the raw results using fourth-degree polynomial curves as well as our judgment.
2. **Calculated actual-to-expected incidence rate ratios:** We developed additional multiplicative incidence factors for selected variables by comparing the Company's actual historical claim incidence experience to expected incidence developed by applying the ultimate claim incidence rates described above to the Company's seriatim exposures from January 1, 2003 to September 30, 2016. We conducted this analysis in a stepwise process by policy

**American General Life Insurance Company**  
**Assumption Background**  
**For Individual Long Term Care Policy Form Series 64028**

duration on the following variables: marital discount status at issue, issue age, tax qualified status, coverage type, benefit inflation option, benefit period, elimination period.

For each variable, we calculated raw actual to expected ratios by policy duration and graduated the raw results using fourth-degree polynomial curves as well as our judgment. We then adjusted the expected claim incidence experience using the graduated actual-to-expected ratios for that variable (cumulatively) to create a new set of expected claim incidence experience to use for the next variable.

3. **Calculated claim utilization rates:** We calculated maximum daily benefit utilization rates by comparing the actual amount paid for any period of service covered by a claim payment to the maximum amount that was available to the claimant during the time of service. This analysis was performed by care setting (Nursing Home, Assisted Living Facility, and Home Health Care) and maximum daily benefit at time of service. We then applied the utilization rates developed as described above to the maximum amount available to develop base expected utilization results. Similar to the stepwise process described above for the incidence assumption, we then compared actual utilization experience to the resulting expected utilization for selected variables (care setting and maximum daily benefit, care setting and attained age, care setting and calendar year, care setting with calendar year and inflation option). For each variable, we calculated ratios of actual to expected utilization, and smoothed those ratios to create (cumulatively) a new set of expected utilization results to use for the next variable. Due to the cumulative development of utilization rates, certain assumptions can exceed 100%. During the modelling process, total utilization is capped at the maximum daily benefit. Claim utilization rates in the future are adjusted to account for expected cost of care inflation. The rates used for cost of care inflation were developed based on industry data in 2015, and are the same rates used in other financial projections for this Block (e.g., Loss Recognition Testing and Cash Flow Testing). The assumed annual future cost of care inflation rates are 3.8% for Nursing Facilities, 2.5% for Assisted Living Facilities, and 2.2% for Home Care.
4. **Developed claim termination rates:** We developed claim termination rates using inception-to-date data. Using a table based on industry data gathered by LTCG, we first calculated expected terminations for the Company's historical claim exposure data. The industry table varies by care setting, age at loss, gender, benefit period and month of disability. We then compared the Company's actual claim terminations to the expected results by original care setting and benefit period to develop smoothed actual to expected ratios by month of disability. We used the smoothed actual to expected ratios to modify the original industry based table. The resulting selected claim termination rates vary by age at loss, gender, care setting, month of disability and benefit period. We adjusted these rates, where appropriate, in order to fit recent experience using retrospective testing of the assumptions.

**American General Life Insurance Company  
Assumption Background  
For Individual Long Term Care Policy Form Series 64028**

**Lapse Rates**

Consistent with other LTC blocks, the experience for this block shows that lapse rates are lower for policies with “richer” benefits, such as those with a lifetime benefit period and benefits increasing at a compound inflation rate. Best estimate lapse assumptions are adjusted based on policy benefits. In general, lapse assumptions are lower for policies with higher benefits.



20975 Swenson Drive  
Suite 420  
Waukesha, WI 53186  
(877) 431-5824

October 24, 2018

Mr. Bill Dismore  
Virginia State Corporation Commission  
Bureau of Insurance  
Commonwealth of Virginia  
P.O. Box 1157  
Richmond, VA 23218

**RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY**  
**PROJECT NAME/NUMBER: AGL RI6 FILING/AGL RI6 VA**  
**SERFF TRACKING NO: LTCG-131461895**

Dear Mr. Dismore:

This letter is in response to your dated September 14, 2018. Your letter indicated you would like additional information. Specifically, you stated:

- 1. In our review of the Rate Request Summary it is requested that the summary be written so that a non-insurance professional reviewing this filing would understand the reason for the rate increase and the driving factors. Please revise the summary using more consumer friendly language to describe the reasons for the rate increase. As an example, many consumers do not understand words like "persistency", "morbidity", "lapses" and "mortality rates" without having it defined for them. In addition, the Exhibits are not attached to the summary so the information important to the rate increase should be described in full rather than referring the reader to an exhibit.*

The Rate Request Summary has been revised. Please see attached Revised Exhibit H.

We look forward to hearing from you.

Sincerely,

Brian Ulery, FSA, MAAA  
Principal Consulting Actuary  
LTCG

**American General Life Insurance Company  
Development of Revised Rates  
For Individual Long Term Care Policy Form Series 64028**

The product was originally priced for a 61% lifetime loss ratio. Exhibit B provides the originally filed loss ratios for this policy by duration.

This rate filing is a request for three consecutive annual rate increases of 20%. While a rate increase larger than the current request can be justified at this time, the company is currently not seeking a higher increase. Instead the company will continue to monitor emerging experience and review whether an additional rate increase is necessary. In past premium rate increase filings, the company has taken and communicated a consistent approach in that the company has chosen not to request the full justified rate increase but rather the company has requested a lower rate increase and has continued to monitor experience.

As stated, the company has continued to monitor experience. In general, increased usage of benefits and higher than anticipated number of claims have led to higher than expected costs which have been a primary driver in the need for revised rates. Additionally, more policies have remained active and in force than originally anticipated.

The loss ratio exhibit provided with the filing material demonstrates a lifetime loss ratio (incurred claim / earned premiums) of 125.3% before implementing the requested rate increase and 116.6% after implementing the proposed rate increase. The product was originally priced for a 61% lifetime loss ratio.

More detail pertaining to the development of rates and the drivers of the revised rates can be found throughout the filing materials, primarily in the Actuarial Memorandum, Exhibit C, Exhibit L, and Exhibit M.



20975 Swenson Drive  
Suite 420  
Waukesha, WI 53186  
(877) 431-5824

November 9, 2018

Mr. Bill Dismore  
Virginia State Corporation Commission  
Bureau of Insurance  
Commonwealth of Virginia  
P.O. Box 1157  
Richmond, VA 23218

**RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY**  
**PROJECT NAME/NUMBER: AGL RI6 FILING/AGL RI6 VA**  
**SERFF TRACKING NO: LTCG-131461895**

Dear Mr. Dismore:

This letter is in response to your dated October 2, 2018. Your letter indicated you would like additional information. Specifically, you stated:

1. *Please provide the 12/31/2017 active life reserve on a nationwide basis for these policies.*

As of 12/31/2017, the active life reserve on a nationwide basis for these policies is \$133,724,208.

2. *Please provide a measure of the credibility of the data underlying the morbidity assumptions. Please also provide the historical claim count for this particular block.*

The company uses the American Academy of Actuaries measure of the credibility which is the  $\sqrt{n/3246}$  where n is equal to the count of total historical claims. Historically, there have been 3,375 claims for this particular block on a nationwide basis. Based on the credibility formula and the number of claims, the nationwide claims data would be considered fully credible.

3. *Please explain what is meant by Historical Inforce and Inforce as of 12/31/2017 in Exhibit L.*

The lifetime loss ratio is calculated based on actual nationwide historical experience adjusted to Virginia rate level (this is what is meant by Historical Inforce). Projected experience uses the nationwide inforce as of 12/31/2017 and original pricing assumptions to project the earned premium and incurred claim streams (this is what is meant by Inforce as of 12/31/2017).

4. *Please provide the Excel file used to produce Exhibit F Filing Status.*

Please see the attached “AGL RI6 VA Exhibit F Filing Status.xlsx” file for the requested information.

5. *Please provide a demonstration that the conversion from a claim cost total lives model to a first principles healthy lives model had no material impact.*

Please note as we referenced in the prior objection response, a comparison of current assumptions to original assumptions would not provide a meaningful comparison as both model and assumption structures have changed between the original pricing and current assumptions. Given this, in the process of converting from a total lives model to a first principles healthy lives model, we reconciled the projection models on a book of business basis. The results of which can be seen in the attached “AGL RI6 VA Objection 5.pdf” exhibit. Please note that the present values of income statement items include more business than is applicable to this filing. Additionally, the discounting used is based on GPV assumptions at the time of conversion and varies slightly from that which is used in our current experience exhibits. The summary provides a good representation of the impact of converting to a first principles model. The impact to the ultimate GPV reserve results in a slight increase, however no material impact from the conversion was observed.

6. *Please provide the issue date range in Virginia.*

The policies referenced in this filing were issued in Virginia between October 1997 and September 2002.

7. *For all projections requested in the next question, the baseline should comply with the following:*

- a. *Any limited-pay paid-up policies should be removed, both from historical experience and future projections.*
- b. *For this pre-stability block, assumptions should use a best-estimate basis without margins for moderately adverse conditions.*
- c. *Premiums should be at the Virginia rate level for both historical and projected future.*



- d. Please use the appropriate average maximum valuation interest rate as specified in 14VAC5-200-150 for accumulation and discounting of this block, including any discounting of claim reserves back to the incurral year.*

Please see the file referenced in item 8 below for the requested information. Limited-pay and paid-up policies have been removed from the experience exhibits where applicable. The company does not include any adjustments for moderately adverse conditions. The projections are based on current best estimate assumptions. The company is using the average maximum valuation rate of 4.5% for accumulating historical experience and discounting projected future experience per Virginia model regulations.

- 8. Because the Bureau has observed over the years that the anticipated experience of policies with and without inflation is often markedly different, for each of the four subsets of the business corresponding to the combinations of (lifetime/limited benefit periods) and (no inflation/with inflation protection), please provide (IN EXCEL FORMAT) the following projections on a nationwide basis:*
- a. current assumptions and current rates*
  - b. current assumptions and current rates, using actual nationwide premiums (not Virginia rate level)*
  - c. current assumptions and current rates, including paid-up policies (if any)*
  - d. current assumptions with the proposed rate increase*
  - e. current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection (if applicable)*
  - f. current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception*
  - g. original assumptions and original premiums from inception*
  - h. actual past experience (claims, mortality, lapse) but original assumptions in the future, with all premiums at the original premium scale from inception.*

*Projections a-h can be separate tabs or combined into separate columns on the same exhibit.*

Please find attached "AGL RI6 VA Objection 8.xlsx". For each subset of business requested we have provided the various projections on a nationwide basis. The tabs ending in "pg1" will include the earned premium and incurred claim streams referenced in items a, b, d, e, and f. The tabs ending in "pg2" will include the earned premium and incurred claim streams referenced in item c. The company provided the extent of readily available information regarding the original pricing assumptions with the initial filing and prior objections. The original pricing streams split by benefit period and inflation option are not readily available. Additionally, please see the response to item 5 above. A comparison of current assumptions to

original assumptions would not provide a meaningful comparison as both model and assumption structures have changed between the original pricing and current assumptions. Please note that the company does not include any adjustments for shock lapses, benefit reductions, CBUL or adverse selection. The company is using current best estimate assumptions to project earned premium and incurred claim streams. Thus, the projections for items c and d are the same.

9. *For each of the four subsets of the business above, please provide the active life reserves balance as of 12/31/2017 on a nationwide basis.*

Please see the table below for the nationwide ALR as of 12/31/2017 for the requested subsets of business.

Benefit Period	BIO	ALR
Lifetime	No Inflation	7,936,497
Lifetime	Inflation	54,856,392
Limited	No Inflation	10,875,441
Limited	Inflation	60,055,877
Total		133,724,208

10. *For each of the four subsets of the business above, please provide the policy count as of the projection date in Virginia.*

Please see the policy count as of 12/31/2017 in Virginia and on a nationwide basis for the requested subsets of business.

Benefit Period	BIO	Virginia	Nationwide
Lifetime	No Inflation	9	668
Lifetime	Inflation	29	1,493
Limited	No Inflation	17	1,298
Limited	Inflation	30	2,260
Total		85	5,719

We look forward to hearing from you.

Sincerely,



Brian Ulery, FSA, MAAA  
Principal Consulting Actuary  
LTCG

**Objection 5**  
**Reconciliation of Projection Models**

Summary of Gross Premium Valuation Reserve (\$millions)

Prior Model	244.2
<u>Reconciliation Steps</u>	<u>Effect</u>
Step 1: Decrement rates	42.7
Step 2: Morbidity assumptions	-28.5
Step 3: Premium rates	-8.1
Step 4: Expenses & commissions	-.3
<u>Step 5: Update NIER</u>	<u>.0</u>
Total Differences	5.8
New Model	250.1

Summary of Present Values of Income Statement Items (\$millions)

<u>Item</u>	<u>Prior Model</u>	<u>Step 1</u>	<u>Step 2</u>	<u>Step 3</u>	<u>Step 4</u>	<u>New Model</u>
Earned premium	142.8	156.8	156.8	164.9	164.9	164.9
Waived premium	21.5	24.3	26.8	26.8	26.8	26.8
Incurred claims	341.0	392.2	361.2	361.2	361.2	361.2
Expenses	19.4	21.7	21.7	21.7	23.2	23.2
<u>Commissions</u>	<u>5.1</u>	<u>5.6</u>	<u>5.6</u>	<u>5.6</u>	<u>3.8</u>	<u>3.8</u>
GPV reserve	244.2	287.0	258.4	250.3	250.1	250.1
Tablular reserve	152.6	152.6	152.6	152.6	152.6	152.6
Additional reserve	91.7	134.4	105.9	97.7	97.5	97.5



20975 Swenson Drive  
Suite 420  
Waukesha, WI 53186  
(877) 431-5824

November 27, 2018

Mr. Bill Dismore  
Virginia State Corporation Commission  
Bureau of Insurance  
Commonwealth of Virginia  
P.O. Box 1157  
Richmond, VA 23218

**RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY**  
**PROJECT NAME/NUMBER: AGL RI6 FILING/AGL RI6 VA**  
**SERFF TRACKING NO: LTCG-131461895**

Dear Mr. Dismore:

This letter is in response to your dated October 25, 2018. Your letter indicated you would like additional information. Specifically, you stated:

***Policyholder Rate Increase Notification Letter, AGLC108934-2018 (Form)***

1. *Pursuant to 14VAC5-100-502. the full and proper corporate name of the insurer shall prominently appear. The word "Companies" is not consistent with the full and proper corporate name of the insurer.*

Please see the policyholder notification letter attached in the actuarial memorandum of the current rate filing for the requested information. The insurers full and proper corporate name is referenced throughout the notification letter.

2. *Please include a "Statement of Variability" for the Policyholder Notification Letter, AGLC108934-2018.*

Please find the requested information attached.

3. *Please confirm if the Company intends to use the Policy Change Endorsement form AGLC108716 approved in SERFF # LTCG-129225734 or any other forms previously approved along with the policyholder notification letter.*

The Company will be offering the same options in lieu of the requested rate increase as was offered in the referenced approved filing. The same endorsement forms are anticipated to be used in the current filing.

4. *If an insureds premium is currently being waived because they are on claim, please advise how this will be handled? Will they be required to select an option at the time they are notified of the increase, at the time that they come off claim, etc.?*

The policyholder will only receive a notification letter once they come off claim. Once the notification letter is received, the policyholder will need to select one of the options presented in the letter.

5. *Is the Contingent Non-Forfeiture Benefit Election Form part of the policyholder notification letter or a separate form? Will it become part of the policy upon receipt?*

The contingent Non-Forfeiture Benefit Election Form is included with the policyholder notification letter as option 3. It will become part of the policy upon approval of the rate increase and policyholder notification of the rate increase.

6. *Will the policyholder receive a revised schedule page if an option is elected? If so, please provide a copy of the form and the date approved, including the SERFF or State tracking number if available.*

If a policyholder makes a change (at any time – rate increase or not) the Company sends a confirmation letter along with an updated Schedule of Benefits (“SBP”). The SBP’s do not reference coverage changes or display past coverage. It reflects only the new coverage including the effective date. Please see the attached “08000-SCH-VA Policy Schedule.pdf” for a sample SBP. The policy characteristics as well as coverage selections referenced in the SBP will be unique to the policyholder. The policy schedule was submitted and approved on 3/20/2009 under SERFF LTCG-125665478.

7. *Pursuant to 14VAC5-200-75 D 2 C, the form is required to include a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, if applicable. Please advise if applicable; if so, please revise the policyholder notification letter accordingly.*

All Virginia policies were issued between 1998 and 2002. As such, no policies have a partnership status and thus this disclosure is not applicable.

8. *A statement identical to the following which is signed by the General Counsel or an officer of the company or any attorney or actuary representing the company: The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated thereto.*

Please see the Virginia Compliance Certification that was submitted with the current rate filing for the requested signed statement.

We look forward to hearing from you.

Sincerely,



Brian Ulery, FSA, MAAA  
Principal Consulting Actuary  
LTCG

## American General Life Insurance Company

### Statement of Variability

Policyholder Notification Letter: AGLC108934-2018

Field	Explanation of Variability
«grp_program3»	Placeholder for Company name.
Policy #99999999, «policy_no»	Recipients Policy number.
«r_policy_offer_eff_date»	Will be case specific at time of issue.
«r_policy_bill_freq_desc»	Will be case specific at time of issue.
Maximum daily benefit, total coverage amount, annual premium	Will be case specific.
«FIELD_20» Premium Year 1	Will be case specific.
«FIELD_20» Premium Year 2	Will be case specific.
«FIELD_20» Premium Year 3	Will be case specific.
«AGENT_MAILING_NAME» «AGENT_SF_NAME» «agent_address1» «agent_address2» «agent_city» «agent_state» «agent_zip»	Will be case specific.

**American General Life Insurance Company Long Term Care Insurance  
Policy Schedule  
Toll Free Phone # [888.565.3769]**

Policyholder: [John Q. Doe] Policy Number: [123456]  
Address: [1234 Main Street]  
[Anytown, USA 99999]

Age At Issue: [45]

Policy Effective Date: [01/01/2008]

Current Coverage Effective Date: [06/01/2008]

[Insured Spouse:] [Jane Q. Buck]

**COVERAGE AMOUNTS AND MAXIMUMS**

Lifetime Maximum: [\$100,000; \$250,000; \$400,000; \$500,000;  
\$600,000; \$750,000; \$1,000,000]

Inflated Lifetime Maximum: [\$100,000; \$250,000; \$400,000; \$500,000;  
\$600,000; \$750,000; \$1,000,000]

Monthly Maximum: [\$2,000 - \$12,000 in \$1,000 increments]

The Monthly Maximum is the total amount of monthly benefits payable under the Policy for either the Facility Care Benefit or the Home and Community Care Benefit.

Flexible Care  
Monthly Benefit: [40% of Monthly Maximum – Dollar Amount  
Will Appear Here]

International Lifetime  
Maximum: [24 times the International Monthly Maximum –  
Dollar Amount Will Appear Here]

International Monthly  
Benefit: [40% of Monthly Maximum – Dollar Amount  
Will Appear Here]

Stay at Home Support  
Lifetime Maximum: [10% of Lifetime Maximum – Dollar Amount  
Will Appear Here]

[Shared Care  
Lifetime Maximum:] [Amount equal to Lifetime Maximum Will  
Appear Here]

## BASE POLICY BENEFITS

Facility Care Benefit  
Home and Community Care Benefit  
Flexible Care Benefit  
International Benefit  
Stay At Home Support Benefit  
Future Care Benefit  
Contingent Nonforfeiture Benefit

Elimination Period: [30, 90 or 180 or 365 calendar days]

## PREMIUM INFORMATION

Rate Classification: [Preferred/Standard/Substandard] [with Spousal Discount] [with Marital Discount] [with Discount for Executive Carve Out]

## ADDITIONAL COVERAGES AND ANNUAL PREMIUMS

Base Policy Coverage	[\$xx.xx]
[Automatic Inflation Protection – 3%/5% Compound For Life Rider]	[\$xx.xx]
[Automatic Inflation Protection – 3%/5% Compound For Life Rider Funded With Graded Premium Increases]	[\$xx.xx]
[Automatic Inflation Protection – 3%/5% Compound For Life Rider Funded With Graded Premium Increases to Age 65]	[\$xx.xx]
[Joint Survivor Benefit Rider]	[\$xx.xx]
[Joint Waiver of Premium Rider]	[\$xx.xx]
[Nonforfeiture Benefit – Shortened Benefit Period Rider]	[\$xx.xx]
[Paid-Up Premium Rider]	[\$xx.xx]
[Restoration of Benefits Rider]	[\$xx.xx]
[Return of Premium at Death Benefit Rider]	[\$xx.xx]
[Shared Care Benefit Rider]	[\$xx.xx]
[Waiver of Elimination Period for Home and Community Care Benefits Rider]	[\$xx.xx]
ANNUAL TOTAL	[\$xx.xx]

Modal Premium Amount: [Monthly] [\$xx.xx]

Premiums payable other than annually are equal to a percentage of the annual premium and include additional premium charges. You will save money by paying the premium on an annual basis.

Policy Schedule Print Date: [01/01/01]





20975 Swenson Drive  
Suite 420  
Waukesha, WI 53186  
(877) 431-5824

December 28, 2018

Mr. Bill Dismore  
Virginia State Corporation Commission  
Bureau of Insurance  
Commonwealth of Virginia  
P.O. Box 1157  
Richmond, VA 23218

**RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY**  
**PROJECT NAME/NUMBER: AGL RI6 FILING/AGL RI6 VA**  
**SERFF TRACKING No: LTCG-131461895**

Dear Mr. Dismore:

This letter is in response to your dated November 28, 2018. Your letter indicated you would like additional information. Specifically, you stated:

***Objection 1 - Policyholder Notification Letter - AGLC108934-2018***

1. *"American General Life Companies" is not the full and proper corporate name for "American General Life Insurance Company". In accordance with 14VAC5-100-50 2. the full and proper corporate name must be prominently displayed.*

The logo displayed at the top of the policyholder notification letter is consistent with the company logo and what was included in the approved policyholder notification in the prior rate filing with SERFF # LTCG-129225734.

***Objection 2 - Policyholder Rate Increase Notification Letter, AGLC108934-2018 (Form)***

1. *If the Policyholder letter date is variable it should be bracketed and added to the Statement of Variability ("SOV").*

The variable "«Date»" has been bracketed and added to the SOV.

2. *If the Policyholder name, address, city state and zip code is variable, this should be bracketed and added to the SOV. In addition, the salutation should also be bracketed and made variable.*

The variables "«First Name», «Last Name», «Address 1», and «Address 2»" have been bracketed and added to the SOV.

3. *Please consider the use of this letter for future rate increase filings. In the second paragraph of the policyholder ("PH") letter, "three 20% rate increases" should be bracketed and made variable.*

The variables "«number of increases» and «increase percentage» have been bracketed and added to the SOV.

4. *In the PH letter, second paragraph, the sentence that begins with "This lead ...", the word "lead" appears to be misspelled and should be changed to "led".*

The word "lead" has been replaced with "led".

5. *In the third paragraph, last sentence, of the PH letter, advance notice must be at least 75 days prior to the implementation of the premium rate schedule increase per 14VAC5-200-75 D. The 31 days in advance appears to conflict with this requirement. Please revise.*

The "75" days in advance has been replaced with "31" days.

6. *In the fifth paragraph, ".three 25% and a 12.6% increase.." should be bracketed and made variable.*

The variable "«rate increase history»" has been bracketed and added to the SOV.

7. *On page 2 of the PH letter, first paragraph, "... three rounds of 20%.." and "no further rate increases will be implemented until at least two years.." should be bracketed and made variable.*

The variables "«number of round» and «percentage of increase»" have been bracketed and added to the SOV.

8. *Option 1: the premium figures that appear in the letter should be bracketed and made variable.*

The variable fields have been bracketed and added to the SOV.

9. *On page 3, the Feature/Current/Option1-3 table all variable benefits, benefit amounts and premium amounts should be bracketed and fully explained on the SOV.*

The variable fields have been bracketed and added to the SOV.


Mr. Bill Dismore  
December 28, 2018  
Page 3 of 3

*10. Please advise if the Coverage Decrease Election Form and the Paid-Up Status Election Form are attached to the policy once signed and received from the policyholder. If these forms are made a part of the policy, they should be moved to the Form Schedule and comply with 38.2-3725 and 14VAC5-100-50.*

The forms are attached to the policy once signed and received from the policyholder. They have been moved to the appropriate place in SERFF per your request.

We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Ulery", with a stylized flourish at the end.

Brian Ulery, FSA, MAAA  
Principal Consulting Actuary  
LTCG

«Date»

## American General Life Companies

P.O. Box 64036

St. Paul, MN 55164

«First Name» «Last Name»

«Address 1»

«Address 2»

RE: «grp\_program3»  
Long-Term Care Insurance Plan  
«policy\_no»

Dear «First Name» «Last Name»:

### **Important Change in Your Long-Term Care Insurance Policy**

This letter is to notify you that a premium rate increase has been authorized for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company determined that «number of increases» «increase percentage» rate increases in the renewal premium rate for your policy type was necessary. Since the time original premium rates were calculated for your policy, individuals are living longer and keeping their policies longer. This led to more claims being filed than the company anticipated when the policy was originally priced, and increased cost of services. As a result, the premium rates for your policy need to be increased to provide sufficient funds to pay current claims and future claims. The section titled “Guaranteed Renewability – Premiums Subject to Change” on the first page of the contract gives the insurance company this right. The section states:

*This Policy is guaranteed renewable for your lifetime. We cannot cancel this Policy as long as you pay the premiums and you have not exhausted your Benefit Account Value. We can change the Renewal Premium rate. We can change it only if it is changed for all policies in your state of residence on this Policy form. Notice of any change in rates will be sent at least 31 days in advance.*

As required, Virginia’s State Corporation Commission reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance, and because it was found to be compliant with these laws and regulations, the filing was approved. The rate increase will apply to all like policies in your state of issue in accordance with the terms of your policy contract. You are receiving this notification letter at least 31 days prior to the implementation date of the increase.

All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at [www.scc.virginia.gov/BOI](http://www.scc.virginia.gov/BOI). Past renewal premium rate increases on this policy form approved by Virginia's State Corporation Commission increase «rate increase history» increase. You have a right to a revised premium rate or rate schedule.

American General Life Insurance Company could have requested a larger premium rate increase as an increase greater than «number of round» rounds of «percentage of increase» is justified under current regulatory requirements. American General Life Insurance Company will continue to monitor experience. It is possible that the company will file for future renewal premium rate increases. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by Virginia's State Corporation Commission before being implemented. In any event, no further rate increases will be implemented until at least two years from the effective date of this increase. Should future rate increases be requested and approved, the company will offer options similar to those noted below when you are notified of the rate increase.

### ***What are my Options?***

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. **The three options may not be of equal value.** The effective date of your selected option will be «r\_policy\_offer\_eff\_date».

---

**Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected under Option 1 in the chart below. To select this option you do nothing. Do not return the "Coverage Decrease Election Form." Do not send any money at this time.**

Your premium will automatically increase by «Field 1» «r\_policy\_bill\_freq\_desc», «Field 2» one year thereafter, and «Field 3» two years thereafter. Your «r\_policy\_bill\_freq\_desc» premium will be adjusted to «Field 5» beginning «r\_policy\_offer\_eff\_date». The premium will be adjusted to «Field 4» one year thereafter and «Field 6» two years thereafter. If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your «r\_policy\_offer\_eff\_date» billing.

---

**Option 2: You may reduce your Maximum Daily Benefit as reflected under Option 2 in the chart below and your current premium will remain the same.**

Alternatively, you may be able to make other policy changes such as reducing your benefit period, modifying rider selections or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

**To select the option to reduce your Maximum Daily Benefit, simply sign, date, and return the enclosed "Coverage Decrease Election Form" in the enclosed pre-paid envelope no later than 30 days from the date of this letter. To make other policy changes, please call 1 (888) 316-2672 and speak to a customer service representative no later than 30 days from the date of this letter. Please note you have the option to lower your premium by reducing benefits at any time in the future by calling Customer Service at 1 (888) 316-2672.**

---

**Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum, as reflected under Option 3 in the chart below. Please note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.**

To select this option, simply complete and return the enclosed “*Paid-Up Status Election Form*” in the enclosed envelope no later than 30 days from the date of this letter.

### Benefits Chart

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Daily Maximum	«Field 17»	«Field 17»	«Field 18»	«Field 19»
Assisted Living Facility Daily Maximum	«Field 17»	«Field 17»	«Field 18»	«Field 19»
Home Health Care Daily Maximum	«Field 17»	«Field 17»	«Field 18»	«Field 19»
Total Coverage Amount	«Field 21»	«Field 21»	«Field 23»	*
«FIELD_20» Premium Year 1	«Field 22»	«Field 24»	«Field 22»	\$0
«FIELD_20» Premium Year 2	«Field 22»	«Field 25»	N/A	N/A
«FIELD_20» Premium Year 3	«Field 22»	«Field 26»	N/A	N/A

**NOTE: If you do not select Option 2 or Option 3 within the next 30 days, you will automatically receive Option 1 at that time. In that case your next premium invoice will reflect the increased premium.**

**However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.**

*\*Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

We realize that this offer is complicated. Feel free to call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration  
American General Life Insurance Company

Enclosure(s)

cc: «AGENT\_MAILING\_NAME»  
«AGENT\_SF\_NAME»  
«agent\_address1»  
«agent\_address2»  
«agent\_city» «agent\_state» «agent\_zip»

**Address Change Reminder:**

**If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:**

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Policy # «policy\_no»

Return To: American General Life Insurance Company  
Long Term Care Service and Claims Center  
P.O. Box 64036  
St. Paul, MN 55164-9916

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# American General Life Insurance Company

## Statement of Variability

### Policyholder Notification Letter: AGLC108934-2018

Field	Explanation of Variability
<b>Policyholder Notification Letter</b>	
«Date»	Date of letter.
«First Name» «Middle Name» «Last Name»	First, Middle and Last Name of policyholder.
«Address 1»	Address of policyholder.
«Address 2»	City and State of policyholder.
«grp_program3»	Placeholder for Company name.
«policy_no»	Recipients Policy number.
«number of increases»	Number of increases.
«increase percentage»	Percentage of increase.
«rate increase history»	Rate increase history.
«number of round»	Round of increase.
«percentage of increase»	Increase percentage.
«r_policy_bill_freq_desc»	Will be case specific at time of issue.
«r_policy_offer_eff_date»	Will be case specific at time of issue.
«Field 1»	Year one increase amount. Case specific.
«Field 2»	Year two increase amount. Case specific.
«Field 3»	Year three increase amount. Case specific.
«Field 4»	Adjusted amount increase one. Case specific.
«Field 5»	Adjusted amount increase two. Case specific.
«Field 6»	Adjusted amount increase three. Case specific.
«Field 17»	Case specific.
«Field 18»	Case specific.
«Field 19»	Case specific.
«FIELD_20» Premium Year 1	Will be case specific.
«FIELD_20» Premium Year 2	Will be case specific.
«FIELD_20» Premium Year 3	Will be case specific.
«Field 21»	Case specific.
«Field 22»	Case specific.
«Field 23»	Case specific.
«Field 24»	Case specific.
«Field 25»	Case specific.
«Field 26»	Case specific.
«AGENT_MAILING_NAME» «AGENT_SF_NAME» «agent_address1» «agent_address2» «agent_city» «agent_state» «agent_zip»	Will be case specific.



<b>Coverage Decrease Election Form</b>	
«grp_program2»	Program Option 2
«rp_0_offer_nh_benefit_mdb_01»	Decreased Nursing Home Care Maximum Daily Amount. Case specific. Case specific.
«rp_0_offer_al_benefit_mdb_01»	Decreased Assisted Living Facility Care Maximum Daily Amount. Case specific.
«rp_0_offer_hc_benefit_mdb_01»	Decreased Home Health Care Maximum Daily Amount. Case specific.
«rp_0_offer_remain_lifemax_01»	Decreased Total Coverage Amount. Case specific.
«r_curr_cvg_modal_prem» / «r_policy_bill_freq_desc»	Premium/Premium Mode. Case specific.
<b>Paid-Up Status Election Form</b>	
«Field 27»	Nursing Home Care Maximum Daily Amount. Case specific.
«Field 28»	Assisted Living Facility Care Maximum Daily Amount. Case specific.
«Field 29»	Home Health Care Maximum Daily Amount. Case specific.
«Field 30»	Decreased Total Coverage Amount. Case specific.
«Field 31»	Premium. Case specific.
«Field_32»	Decreased Total Coverage Amount effective date. Case specific.
«grp_program 4»	Recipient of Forms



20975 Swenson Drive  
Suite 420  
Waukesha, WI 53186  
(877) 431-5824

January 11, 2019

Mr. Bill Dismore  
Virginia State Corporation Commission  
Bureau of Insurance  
Commonwealth of Virginia  
P.O. Box 1157  
Richmond, VA 23218

**RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY**  
**PROJECT NAME/NUMBER: AGL RI6 FILING/AGL RI6 VA**  
**SERFF TRACKING NO: LTCG-131461895**

Dear Mr. Dismore:

This letter is in response to your letter dated December 28, 2018. Your letter indicated you would like additional information. Specifically, you stated:

***Objection 1 - Paid-up Status Election Form, AGL Paid-up Election Form-2018 (Form)***

1. «GRP\_PROGRAM» at the top of the Paid-Up Status Election Form is not defined on the Statement of Variability. Please either add to the Statement of Variability or if not applicable, remove «GRP\_PROGRAM» from the form

The field «GRP\_PROGRAM» has been added to the Statement of Variability.

***Objection 2 - Paid-up Status Election Form, AGL Paid-up Election Form-2018 (Form)***

1. «grp\_program2» is defined on the Statement of Variability, under Coverage Decrease Election Form, as "Program Option 2." Please explain why it also appears above the "LONG TERM CARE PROGRAM OPTION 3 Paid-Up Status Election Form." This is misleading and should be removed or amended.

The field «grp\_program2» has been removed from the Coverage Decrease Election Form and from the Statement of Variability.

***Objection 3 - Policyholder Rate Increase Notification Letter, AGLC108934-2018 (Form)***

1. We apologize for the confusion created by our objection 5. The fourth paragraph had stated, "You are receiving this notification letter at least 75 days prior to the implementation date of the increase." We intended for this statement to remain in the letter. Please revise the fourth paragraph to read, "You are receiving this notification letter at least 75 days prior to the implementation date of the increase."

The number of days has been revised to read "75" days.

Mr. Bill Dismore  
January 11, 2019  
Page 2 of 2

2. *Our objection # 5. was in reference to the last sentence in paragraph 3 that reads, "Notice of any change in rates will be sent at least 31 days in advance." After reviewing paragraph 3, it is our understanding that the Company's intent was to quote the actual policy language. If this understanding is correct, we do not require any additional changes to paragraph 3 language.*

No change was made to paragraph 3.

We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Ulery", with a stylized flourish extending from the end.

Brian Ulery, FSA, MAAA  
Principal Consulting Actuary  
LTCG



20975 Swenson Drive  
Suite 420  
Waukesha, WI 53186  
(877) 431-5824

January 11, 2019

Mr. Bill Dismore  
Virginia State Corporation Commission  
Bureau of Insurance  
Commonwealth of Virginia  
P.O. Box 1157  
Richmond, VA 23218

**RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY**  
**PROJECT NAME/NUMBER: AGL RI6 FILING/AGL RI6 VA**  
**SERFF TRACKING NO: LTCG-131461895**

Dear Mr. Dismore:

This letter is in response to your letter dated December 28, 2018. Your letter indicated you would like additional information. Specifically, you stated:

***Objection 1 - Policyholder Rate Increase Notification Letter, AGLC108934-2018 (Form)***

- 1) *Please remove, "Exhibit G - Revised" from the top right hand corner of the letter as it is not pertinent to the policyholder notification letter.*

Exhibit G has been removed from the right hand corner of the policyholder notification letter.

- 2) *After making the latest revisions, please provide a "John Doe" version of the policyholder notification letter, accompanied by the Coverage Decrease Election Form and a second "John Doe" letter accompanied by the Paid-Up Status Election Form.*

*Please the "John Doe" exhibits under the Supporting Documentation tab.*

A "John Doe" letter has been created and is accompanied by the Coverage Decrease Election Form and a second accompanied by the Paid-Up Status Election Form.

The "John Doe" exhibits have been placed under the Supporting documentation tab.

We look forward to hearing from you.

Sincerely,

Brian Ulery, FSA, MAAA  
Principal Consulting Actuary  
LTCG

«Date»

## American General Life Companies

P.O. Box 64036

St. Paul, MN 55164

«First Name» «Last Name»

«Address 1»

«Address 2»

RE: «grp\_program3»  
Long-Term Care Insurance Plan  
Policy Number: «policy\_no»

Dear «First Name» «Last Name»:

### **Important Change in Your Long-Term Care Insurance Policy**

This letter is to notify you that a premium rate increase has been authorized for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company determined that «number of increases» consecutive annual «increase percentage» rate increases in the renewal premium rate for your policy type was necessary. Since the time original premium rates were calculated for your policy, individuals are living longer and keeping their policies longer. This led to more claims being filed than the company anticipated when the policy was originally priced, and increased cost of services. As a result, the premium rates for your policy need to be increased to provide sufficient funds to pay current claims and future claims. The section titled “Guaranteed Renewability – Premiums Subject to Change” on the first page of the contract gives the insurance company this right. The section states:

*This Policy is guaranteed renewable for your lifetime. We cannot cancel this Policy as long as you pay the premiums and you have not exhausted your Benefit Account Value. We can change the Renewal Premium rate. We can change it only if it is changed for all policies in your state of residence on this Policy form. Notice of any change in rates will be sent at least 31 days in advance.*

As required, Virginia’s State Corporation Commission reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance, and because it was found to be compliant with these laws and regulations, the filing was approved. The rate increase will apply to all like policies in your state of issue in accordance with the terms of your policy contract. You are receiving this notification letter at least 75 days prior to the implementation date of the increase.

All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at [www.scc.virginia.gov/BOI](http://www.scc.virginia.gov/BOI). Past renewal premium rate increases on this policy form approved by Virginia's State Corporation Commission include «rate increase history» increase. You have a right to a revised premium rate or rate schedule.

American General Life Insurance Company could have requested a larger premium rate increase as an increase greater than «number of round» annual rounds of «percentage of increase» are justified under current regulatory requirements. American General Life Insurance Company will continue to monitor experience. It is possible that the company will file for future renewal premium rate increases. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by Virginia's State Corporation Commission before being implemented. In any event, no further rate increases will be implemented until at least two years from the effective date of this increase. Should future rate increases be requested and approved, the company will offer options similar to those noted below when you are notified of the rate increase.

### ***What are my Options?***

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. **The three options may not be of equal value.** The effective date of your selected option will be «r\_policy\_offer\_eff\_date».

---

**Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected under Option 1 in the chart below. To select this option you do nothing. Do not return the “Coverage Decrease Election Form.” Do not send any money at this time.**

Your premium will automatically increase by «Field 1» «r\_policy\_bill\_freq\_desc», «Field 2» one year thereafter, and «Field 3» two years thereafter. Your «r\_policy\_bill\_freq\_desc» premium will be adjusted to «Field 5» beginning «r\_policy\_offer\_eff\_date». The premium will be adjusted to «Field 4» one year thereafter and «Field 6» two years thereafter. If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your «r\_policy\_offer\_eff\_date» billing.

---

**Option 2: You may reduce your Maximum Daily Benefit as reflected under Option 2 in the chart below and your current premium will remain the same.**

Alternatively, you may be able to make other policy changes such as reducing your benefit period, modifying rider selections or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

**To select the option to reduce your Maximum Daily Benefit, simply sign, date, and return the enclosed “Coverage Decrease Election Form” in the enclosed pre-paid envelope no later than 30 days from the date of this letter. To make other policy changes, please call 1 (888) 316-2672 and speak to a customer service representative no later than 30 days from the date of this letter. Please note you have the option to lower your premium by reducing benefits at any time in the future by calling Customer Service at 1 (888) 316-2672.**

---

**Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum, as reflected under Option 3 in the chart below. Please**

**note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.**

To select this option, simply complete and return the enclosed “Paid-Up Status Election Form” in the enclosed envelope no later than 30 days from the date of this letter.

### **Benefits Chart**

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Daily Maximum	«Field 17»	«Field 17»	«Field 18»	«Field 19»
Assisted Living Facility Daily Maximum	«Field 17»	«Field 17»	«Field 18»	«Field 19»
Home Health Care Daily Maximum	«Field 17»	«Field 17»	«Field 18»	«Field 19»
Total Coverage Amount	«Field 21»	«Field 21»	«Field 23»	*
«FIELD_20» Premium Year 1	«Field 22»	«Field 24»	«Field 22»	\$0
«FIELD_20» Premium Year 2	«Field 22»	«Field 25»	N/A	N/A
«FIELD_20» Premium Year 3	«Field 22»	«Field 26»	N/A	N/A

**NOTE: If you do not select Option 2 or Option 3 within the next 30 days, you will automatically receive Option 1 at that time. In that case your next premium invoice will reflect the increased premium.**

**However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.**

*\*Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

We realize that this offer is complicated. Feel free to call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration  
American General Life Insurance Company

Enclosure(s)

cc: «AGENT\_MAILING\_NAME»  
«AGENT\_SF\_NAME»  
«agent\_address1»  
«agent\_address2»  
«agent\_city» «agent\_state» «agent\_zip»

**Address Change Reminder:**

**If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:**

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Policy Number: «policy\_no»

Return To: American General Life Insurance Company  
Long Term Care Service and Claims Center  
P.O. Box 64036  
St. Paul, MN 55164-9916

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



«GRP\_PROGRAM»  
**LONG-TERM CARE PROGRAM**  
**Option 2**  
**COVERAGE DECREASE ELECTION FORM**

To select the decrease to your Coverage Amounts and maintain your current Premium, you must sign and date this form in the box below and **return this form in the envelope provided no later than 30 days from the date of this letter.**

**NOTE: If you do not select Option 2 or Option 3 by 30 days from the date of this letter, you will automatically receive Option 1. In that case your next premium invoice will reflect the increased premium.**

Decreased Nursing Home Care Maximum Daily Amount:	«rp_0_offer_nh_benefit_mdb_01»
Decreased Assisted Living Facility Care Maximum Daily Amount:	«rp_0_offer_al_benefit_mdb_01»
Decreased Home Health Care Maximum Daily Amount:	«rp_0_offer_hc_benefit_mdb_01»
Decreased Total Coverage Amount:	«rp_0_offer_remain_lifemax_01»
Premium/Premium Mode:	«r_curr_cvg_modal_prem»/ «r_policy_bill_freq_desc»

Insured: ««First Name» «Middle Name» «Last Name»  
Policy Number: «policy\_no»

**My signature below affirms my selection of Option 2 to take the decrease to my Coverage Amounts with my current Premium remaining the same as shown above.**

**I understand my decreased Coverage Amounts will be effective «r\_policy\_offer\_eff\_date».**

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS  
FROM THE DATE OF THIS LETTER.**

If you have any questions regarding your options, please call 1 (888) 316-2672.

**«GRP\_PROGRAM»  
LONG TERM CARE PROGRAM  
Option 3  
Paid-Up Status Election Form**

**To convert your coverage to a paid-up status with a reduced coverage amount of \$«FIELD\_30»\* you must sign and date this form in the box below and return this form in the envelope provided no later than 30 days from the date of this letter.**

Nursing Home Care Maximum Daily Amount: \$«FIELD\_27»  
Assisted Living Facility Care Maximum Daily Amount: \$«FIELD\_28»  
Home Health Care Maximum Daily Amount: \$«FIELD\_29»  
Decreased Total Coverage Amount: \$«FIELD\_30» \*  
Premium: \$«FIELD\_31»

*\*Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

**If you have any questions regarding your options, please call 1 (888) 316-2672**

Insured: «First Name» «Middle Name» «Last Name»  
Policy Number: «policy\_no»

**My signature below affirms my selection of Option 3 to convert my coverage to a paid-up status with a decreased Total Coverage Amount and no future Premium as shown above.**

**I understand my decreased Total Coverage Amount will be effective «FIELD\_32».**

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS  
FROM THE DATE OF THIS LETTER.**

Please make sure address  
shows through the envelope  
window.

«grp\_program4»  
P.O. BOX 64036  
ST. PAUL, MN 55164-9916

# American General Life Insurance Company

## Statement of Variability

### Policyholder Notification Letter: AGLC108934-2019

Field	Explanation of Variability
<b>Policyholder Notification Letter</b>	
«Date»	Date of letter.
«First Name» «Middle Name» «Last Name»	First, Middle and Last Name of policyholder.
«Address 1»	Address of policyholder.
«Address 2»	City and State of policyholder.
«grp_program3»	Placeholder for Company name.
«policy_no»	Recipients Policy number.
«number of increases»	Number of increases.
«increase percentage»	Percentage of increase.
«rate increase history»	Rate increase history.
«number of round»	Round of increase.
«percentage of increase»	Increase percentage.
«r_policy_bill_freq_desc»	Will be case specific at time of issue.
«r_policy_offer_eff_date»	Will be case specific at time of issue.
«Field 1»	Year one increase amount. Case specific.
«Field 2»	Year two increase amount. Case specific.
«Field 3»	Year three increase amount. Case specific
«Field 4»	Adjusted amount increase one. Case specific.
«Field 5»	Adjusted amount increase two. Case specific.
«Field 6»	Adjusted amount increase three. Case specific.
«Field 17»	Case specific.
«Field 18»	Case specific.
«Field 19»	Case specific.
«FIELD_20» Premium Year 1	Will be case specific.
«FIELD_20» Premium Year 2	Will be case specific.
«FIELD_20» Premium Year 3	Will be case specific.
«Field 21»	Case specific.
«Field 22»	Case specific.
«Field 23»	Case specific.
«Field 24»	Case specific.
«Field 25»	Case specific.
«Field 26»	Case specific.
«AGENT_MAILING_NAME» «AGENT_SF_NAME» «agent_address1» «agent_address2» «agent_city» «agent_state» «agent_zip»	Will be case specific.

<b>Coverage Decrease Election Form</b>	
«GRP_PROGRAM»	Placeholder for Company name.
«rp_0_offer_nh_benefit_mdb_01»	Decreased Nursing Home Care Maximum Daily Amount. Case specific. Case specific.
«rp_0_offer_al_benefit_mdb_01»	Decreased Assisted Living Facility Care Maximum Daily Amount. Case specific.
«rp_0_offer_hc_benefit_mdb_01»	Decreased Home Health Care Maximum Daily Amount. Case specific.
«rp_0_offer_remain_lifemax_01»	Decreased Total Coverage Amount. Case specific.
«r_curr_cvg_modal_prem» / «r_policy_bill_freq_desc»	Premium/Premium Mode. Case specific.
<b>Paid-Up Status Election Form</b>	
«GRP_PROGRAM»	Placeholder for Company name.
«Field 27»	Nursing Home Care Maximum Daily Amount. Case specific.
«Field 28»	Assisted Living Facility Care Maximum Daily Amount. Case specific.
«Field 29»	Home Health Care Maximum Daily Amount. Case specific.
«Field 30»	Decreased Total Coverage Amount. Case specific.
«Field 31»	Premium. Case specific.
«Field_32»	Decreased Total Coverage Amount effective date. Case specific.
«grp_program 4»	Recipient of Forms

01/11/2019

## **American General** Life Companies

P.O. Box 64036

St. Paul, MN 55164

John Doe  
Address  
City State Zip

RE: American General Life Insurance Company  
Long-Term Care Insurance Plan  
Policy Number: 999999

Dear John Doe:

### **Important Change in Your Long-Term Care Insurance Policy**

This letter is to notify you that a premium rate increase has been authorized for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company determined that three consecutive annual 20% rate increases in the renewal premium rate for your policy type was necessary. Since the time original premium rates were calculated for your policy, individuals are living longer and keeping their policies longer. This led to more claims being filed than the company anticipated when the policy was originally priced, and increased cost of services. As a result, the premium rates for your policy need to be increased to provide sufficient funds to pay current claims and future claims. The section titled "Guaranteed Renewability – Premiums Subject to Change" on the first page of the contract gives the insurance company this right. The section states:

*This Policy is guaranteed renewable for your lifetime. We cannot cancel this Policy as long as you pay the premiums and you have not exhausted your Benefit Account Value. We can change the Renewal Premium rate. We can change it only if it is changed for all policies in your state of residence on this Policy form. Notice of any change in rates will be sent at least 31 days in advance.*

As required, Virginia's State Corporation Commission reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance, and because it was found to be compliant with these laws and regulations, the filing was approved. The rate increase will apply to all like policies in your state of issue in accordance with the terms of your policy contract. You are receiving this notification letter at least 75 days prior to the implementation date of the increase.

All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at [www.scc.virginia.gov/BOI](http://www.scc.virginia.gov/BOI). Past renewal premium rate increases on this policy form approved by Virginia's State Corporation Commission include four 25% and a 12.6% increase. You have a right to a revised premium rate or rate schedule.

American General Life Insurance Company could have requested a larger premium rate increase as an increase greater than 3 annual rounds of 20% are justified under current regulatory requirements. American General Life Insurance Company will continue to monitor experience. It is possible that the company will file for future renewal premium rate increases. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by Virginia's State Corporation Commission before being implemented. In any event, no further rate increases will be implemented until at least two years from the effective date of this increase. Should future rate increases be requested and approved, the company will offer options similar to those noted below when you are notified of the rate increase.

### ***What are my Options?***

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. **The three options may not be of equal value.** The effective date of your selected option will be 01/11/2019.

---

**Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected under Option 1 in the chart below. To select this option you do nothing. Do not return the "Coverage Decrease Election Form." Do not send any money at this time.**

Your premium will automatically increase by \$584.00 annually, \$1,284.00 one year thereafter, and \$2,124.00 two years thereafter. Your annual premium will be adjusted to \$3,502.00 beginning 01/11/2019. The premium will be adjusted to \$4,202.00 one year thereafter and \$5,042.00 two years thereafter. If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your 01/11/2019 billing.

---

**Option 2: You may reduce your Maximum Daily Benefit as reflected under Option 2 in the chart below and your current premium will remain the same.**

Alternatively, you may be able to make other policy changes such as reducing your benefit period, modifying rider selections or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

**To select the option to reduce your Maximum Daily Benefit, simply sign, date, and return the enclosed "Coverage Decrease Election Form" in the enclosed pre-paid envelope no later than 30 days from the date of this letter. To make other policy changes, please call 1 (888) 316-2672 and speak to a customer service representative no later than 30 days from the date of this letter. Please note you have the option to lower your premium by reducing benefits at any time in the future by calling Customer Service at 1 (888) 316-2672.**

---

**Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum, as reflected under Option 3 in the chart below. Please note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.**

To select this option, simply complete and return the enclosed “Paid-Up Status Election Form” in the enclosed envelope no later than 30 days from the date of this letter.

### Benefits Chart

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Daily Maximum	\$298.00	\$298.00	\$238.00	\$284.00
Assisted Living Facility Daily Maximum	\$298.00	\$298.00	\$238.00	\$284.00
Home Health Care Daily Maximum	\$298.00	\$298.00	\$238.00	\$284.00
Total Coverage Amount	\$326,269.00	\$326,269.00	\$261,015.00	\$8,520
Annual Premium Year 1	\$2,918.00	\$3,502.00	\$2,918.00	\$0
Annual Premium Year 2	\$2,918.00	\$4,202.00	N/A	N/A
Annual Premium Year 3	\$2,918.00	\$5,042.00	N/A	N/A

**NOTE: If you do not select Option 2 or Option 3 within the next 30 days, you will automatically receive Option 1 at that time. In that case your next premium invoice will reflect the increased premium.**

**However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.**

*\*Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

We realize that this offer is complicated. Feel free to call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration  
American General Life Insurance Company

Enclosure(s)

cc:     «AGENT\_MAILING\_NAME»  
         «AGENT\_SF\_NAME»  
         «agent\_address1»  
         «agent\_address2»  
         «agent\_city» «agent\_state» «agent\_zip»

**Address Change Reminder:**

**If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:**

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Policy Number: 999999

Return To: American General Life Insurance Company  
Long Term Care Service and Claims Center  
P.O. Box 64036  
St. Paul, MN 55164-9916

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**AMERICAN GENERAL LIFE INSURANCE COMPANY  
LONG-TERM CARE PROGRAM  
Option 2  
COVERAGE DECREASE ELECTION FORM**

To select the decrease to your Coverage Amounts and maintain your current Premium, you must sign and date this form in the box below and return this form in the envelope provided no later than 30 days from the date of this letter.

**NOTE: If you do not select Option 2 or Option 3 by 30 days from the date of this letter, you will automatically receive Option 1. In that case your next premium invoice will reflect the increased premium.**

Decreased Nursing Home Care Maximum Daily Amount:	\$238.00
Decreased Assisted Living Facility Care Maximum Daily Amount:	\$238.00
Decreased Home Health Care Maximum Daily Amount:	\$238.00
Decreased Total Coverage Amount:	\$261,015.00
Premium/Premium Mode:	\$2,918.00 / Annual

Insured: John Doe  
Policy Number: 999999

**My signature below affirms my selection of Option 2 to take the decrease to my Coverage Amounts with my current Premium remaining the same as shown above.**

**I understand my decreased Coverage Amounts will be effective 01/11/2019.**

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS  
FROM THE DATE OF THIS LETTER.**

If you have any questions regarding your options, please call 1 (888) 316-2672.

01/11/2019

## **American General** Life Companies

P.O. Box 64036

St. Paul, MN 55164

John Doe  
Address  
City State Zip

RE: American General Life Insurance Company  
Long-Term Care Insurance Plan  
Policy Number: 999999

Dear John Doe:

### **Important Change in Your Long-Term Care Insurance Policy**

This letter is to notify you that a premium rate increase has been authorized for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company determined that three consecutive annual 20% rate increases in the renewal premium rate for your policy type was necessary. Since the time original premium rates were calculated for your policy, individuals are living longer and keeping their policies longer. This led to more claims being filed than the company anticipated when the policy was originally priced, and increased cost of services. As a result, the premium rates for your policy need to be increased to provide sufficient funds to pay current claims and future claims. The section titled "Guaranteed Renewability – Premiums Subject to Change" on the first page of the contract gives the insurance company this right. The section states:

*This Policy is guaranteed renewable for your lifetime. We cannot cancel this Policy as long as you pay the premiums and you have not exhausted your Benefit Account Value. We can change the Renewal Premium rate. We can change it only if it is changed for all policies in your state of residence on this Policy form. Notice of any change in rates will be sent at least 31 days in advance.*

As required, Virginia's State Corporation Commission reviewed the filing with applicable Virginia laws and regulations governing Long Term Care Insurance, and because it was found to be compliant with these laws and regulations, the filing was approved. The rate increase will apply to all like policies in your state of issue in accordance with the terms of your policy contract. You are receiving this notification letter at least 75 days prior to the implementation date of the increase.

All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at [www.scc.virginia.gov/BOI](http://www.scc.virginia.gov/BOI). Past renewal premium rate increases on this policy form approved by Virginia's State Corporation Commission include four 25% and a 12.6% increase. You have a right to a revised premium rate or rate schedule.

American General Life Insurance Company could have requested a larger premium rate increase as an increase greater than 3 annual rounds of 20% are justified under current regulatory requirements. American General Life Insurance Company will continue to monitor experience. It is possible that the company will file for future renewal premium rate increases. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by Virginia's State Corporation Commission before being implemented. In any event, no further rate increases will be implemented until at least two years from the effective date of this increase. Should future rate increases be requested and approved, the company will offer options similar to those noted below when you are notified of the rate increase.

### ***What are my Options?***

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. **The three options may not be of equal value.** The effective date of your selected option will be 01/11/2019.

---

**Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected under Option 1 in the chart below. To select this option you do nothing. Do not return the "Coverage Decrease Election Form." Do not send any money at this time.**

Your premium will automatically increase by \$584.00 annually, \$1,284.00 one year thereafter, and \$2,124.00 two years thereafter. Your annual premium will be adjusted to \$3,502.00 beginning 01/11/2019. The premium will be adjusted to \$4,202.00 one year thereafter and \$5,042.00 two years thereafter. If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your 01/11/2019 billing.

---

**Option 2: You may reduce your Maximum Daily Benefit as reflected under Option 2 in the chart below and your current premium will remain the same.**

Alternatively, you may be able to make other policy changes such as reducing your benefit period, modifying rider selections or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

**To select the option to reduce your Maximum Daily Benefit, simply sign, date, and return the enclosed "Coverage Decrease Election Form" in the enclosed pre-paid envelope no later than 30 days from the date of this letter. To make other policy changes, please call 1 (888) 316-2672 and speak to a customer service representative no later than 30 days from the date of this letter. Please note you have the option to lower your premium by reducing benefits at any time in the future by calling Customer Service at 1 (888) 316-2672.**

---

**Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum, as reflected under Option 3 in the chart below. Please note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.**

To select this option, simply complete and return the enclosed “Paid-Up Status Election Form” in the enclosed envelope no later than 30 days from the date of this letter.

### Benefits Chart

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Daily Maximum	\$298.00	\$298.00	\$238.00	\$284.00
Assisted Living Facility Daily Maximum	\$298.00	\$298.00	\$238.00	\$284.00
Home Health Care Daily Maximum	\$298.00	\$298.00	\$238.00	\$284.00
Total Coverage Amount	\$326,269.00	\$326,269.00	\$261,015.00	\$8,520
Annual Premium Year 1	\$2,918.00	\$3,502.00	\$2,918.00	\$0
Annual Premium Year 2	\$2,918.00	\$4,202.00	N/A	N/A
Annual Premium Year 3	\$2,918.00	\$5,042.00	N/A	N/A

**NOTE: If you do not select Option 2 or Option 3 within the next 30 days, you will automatically receive Option 1 at that time. In that case your next premium invoice will reflect the increased premium.**

**However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.**

*\*Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

We realize that this offer is complicated. Feel free to call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration  
American General Life Insurance Company

Enclosure(s)

cc:     «AGENT\_MAILING\_NAME»  
         «AGENT\_SF\_NAME»  
         «agent\_address1»  
         «agent\_address2»  
         «agent\_city» «agent\_state» «agent\_zip»

**Address Change Reminder:**

**If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:**

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Policy Number: 999999

Return To: American General Life Insurance Company  
Long Term Care Service and Claims Center  
P.O. Box 64036  
St. Paul, MN 55164-9916

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AMERICAN GENERAL LIFE INSURANCE COMPANY  
LONG TERM CARE PROGRAM  
Option 3  
Paid-Up Status Election Form**

**To convert your coverage to a paid-up status with a reduced coverage amount of \$8,520.00\* you must sign and date this form in the box below and return this form in the envelope provided no later than 30 days from the date of this letter.**

Nursing Home Care Maximum Daily Amount:	\$284.00
Assisted Living Facility Care Maximum Daily Amount:	\$284.00
Home Health Care Maximum Daily Amount:	\$284.00
Decreased Total Coverage Amount:	\$8,520.00
Premium:	\$0

*\*Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

**If you have any questions regarding your options, please call 1 (888) 316-2672**

Insured: John Doe  
Policy Number: 999999

**My signature below affirms my selection of Option 3 to convert my coverage to a paid-up status with a decreased Total Coverage Amount and no future Premium as shown above.**

**I understand my decreased Total Coverage Amount will be effective 01/11/2019.**

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS  
FROM THE DATE OF THIS LETTER.**

Please make sure address  
shows through the envelope  
window.

«grp\_program4»  
P.O. BOX 64036  
ST. PAUL, MN 55164-9916



20975 Swenson Drive  
Suite 420  
Waukesha, WI 53186  
(877) 431-5824

January 30, 2019

Mr. Bill Dismore  
Virginia State Corporation Commission  
Bureau of Insurance  
Commonwealth of Virginia  
P.O. Box 1157  
Richmond, VA 23218

**RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY**  
**PROJECT NAME/NUMBER: AGL RI6 FILING/AGL RI6 VA**  
**SERFF TRACKING NO: LTCG-131461895**

Dear Mr. Dismore:

This letter is in response to your letter dated January 15, 2019. Your letter indicated you would like additional information. Specifically, you stated:

***Objection 1 - 01/11/2019 Response Letter and Attachments (Supporting Document)***

*Please move the following updated attachments to the Form Schedule:*

- AGL RI6 VA Policyholder Notification Letter V3.pdf
- AGL RI6 VA Coverage Decrease election Form V2.pdf
- AGL RI6 VA Paid-up Status Election Form V2.pdf

The updated letter and forms have been moved to the "Form Schedule" tab.

***Objection 2 - 01/11/2019 Response Letter and Attachments (Supporting Document)***

1. *We have a concern with the following statement that appears in the Policyholder Notification Letter, and bold underlined text that appears in the Coverage Decrease Election Form and Paid-up Status Election Form. The policyholder notification letter states, "You are receiving this notification letter at least 75 days prior to the implementation date of the increase. " The letter also states in bold, underlined text, "...return the enclosed Coverage Decrease Election Form in the enclosed pre-paid envelope no later than 30 days from the date of this letter." The letter goes on to state that Option 2 or Option 3 must be selected within 30 days of the date of the letter or the policyholder will automatically receive Option 1.*

§ 38.2-2407.14 states the letter must be sent at least 75 days prior to the proposed renewal health insurance coverage. The policyholder notification letter will be sent 75 days prior to the date reflected on the letter. For clarity, the wording "and postmarked" has been added to the sentence related to returning the election form, referenced above, in the letter and on the forms.

Mr. Bill Dismore  
January 30, 2019  
Page 2 of 2

*Regarding the 30 days, it is not clear if the policyholder postmarks the return envelope containing the form on the 30th day, if that is acceptable to the Company. The policyholder letter also states that a policyholder can speak to a customer service representative and make other policy changes on the 30th day by telephone.*

If the policyholder is selecting Option 2, the Coverage Decrease Election Form will need to be mailed as stated. The telephone number has been provided "to make other policy changes".

We look forward to hearing from you.

Sincerely,

A handwritten signature in dark ink, appearing to read "Brian Ulery", with a stylized flourish at the end.

Brian Ulery, FSA, MAAA  
Principal Consulting Actuary  
LTCG





20975 Swenson Drive  
Suite 420  
Waukesha, WI 53186  
(877) 431-5824

January 24, 2020

Mr. Bill Dismore  
Virginia State Corporation Commission  
Bureau of Insurance  
Commonwealth of Virginia  
P.O. Box 1157  
Richmond, VA 23218

**RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY**  
**PROJECT NAME/NUMBER: AGL RI6 FILING/AGL RI6 VA**  
**SERFF TRACKING NO: LTCG-131461895**

Dear Mr. Dismore:

This letter is in response to your letter dated December 27, 2019. Your letter indicated you would like additional information. Specifically, you stated:

***Objection 1 - 11/9/2018 Response Letter and Attachments (Supporting Document)***  
***Exhibit F - Filing Status***

- 1) *The exhibit indicates that the Company expects to file for 10 rate increases of 25% each. Explain the methodology used to determine that 10 increases were necessary to improve the experience outcome.*

The provided exhibit does not demonstrate the Company's expectation to file for 10 rounds of rate increases. Rather, the exhibit expands to 10 rounds of rate increases to demonstrate the entire approval history for the Company in all states as some states, not all, are currently in the 10<sup>th</sup> round of rate increase, such as Maryland.

- 2) *The current filing appears to be the 6th of the 10 increases. Please provide an explanation for the change in methodology to a 63% rate increase (Implemented in a series of 20% rate increases over a three year period) instead of the 25% increase that is illustrated in Exhibit F.*

As stated in question 1, the Company's goal is not to file for 10 rounds of rate increases. The Company understands the impact of rate increases on policyholders, but wants to balance this understanding with the need for further rate increases as has been demonstrated in this rate filing package. The 25% displayed in Exhibit F is a place holder for future rate increases. Future rate increases are dependent on multiple factors including how future experience emerges as compared with our current best estimate assumptions and historical rate increase approvals when compared to prior rate requests. The current proposed rate increase of three annual 20% rate increases, will help the Company close the gap between earned premiums and incurred claims. However, we appreciate the offer of 11% that the Department referenced at the end of this objection. After further review, the Company would be willing to accept this 11% rate increase offer. While a rate increase larger than the current request can be justified at this time, the Company will continue to monitor emerging experience and review whether an additional rate increase is necessary.

- 3) *Since the rate increase filed in Virginia is not consistent with Exhibit F- Filing Status, the exhibit needs to be revised so that it is correct.*

Please see the attached "Exhibit F – Update.pdf" file for an updated version of Exhibit F reflecting the current request. As noted in item 2 above and in response to the comments that the Department made at the end of this objection, the Company would accept an 11% rate increase offer and has updated Exhibit F to reflect this proposed amount.

- 4) *Provide an explanation for the reason for smaller rate increases than actuarially justified, given the deteriorating condition of the block and considering the time value of money.*

The actuarially justified rate increase to produce a 60% lifetime loss ratio is over 1000%. The Company is aware of the burden a rate increase of this magnitude can impose on policyholders. Therefore, the Company has decided to request smaller, more reasonable rate increases. As has been mentioned in items 2 and 3 above, the Company would be willing to accept an 11% rate increase offer and will monitor future experience to determine whether an additional rate increase is necessary.

- 5) *If the cumulative total of all past approved Virginia rate increases (175%) had been requested with the initial rate increase on 7/25/2006, would the Company have needed the current proposed rate increase of 63%?*

Under current best estimate assumptions and assuming that 175%, which is 7 times more than the 25% approved in 2006, was approved and implemented, the Company would not have needed the current proposed rate increase. However, given the delay in rate increase approvals, the company is currently justifying the proposed rate increase.

- 6) *Please provide the current ages of the Virginia policyholders and their current and proposed annual premium if the rate increase is approved as filed.*

Please see the attached "Objection 6.pdf" file for the requested information.

- 7) *Provide a demonstration to support the proposed rate increase based upon the Prospective Present Value (Texas) method.*

Please see the attached "Texas Method.pdf" file for the requested information. The Company is willing to accept the offer of 11%, which is justified using this method.

- 8) *What lifetime loss ratio, looking forward, does the company intend to manage this block of business?*

Currently the Nationwide lifetime loss ratio adjusted for Virginia rate level is over 120% as demonstrated in Exhibit C of the rate filing package. The Company is not seeking to make any profit with these rate increases, rather the rate increases are needed to mitigate further and future losses. As was mentioned in item 4 above, a rate increase over 1000% would be needed to return the nationwide lifetime loss ratio to 60%. The Company understands that such a request is unreasonable and unrealistic. The Company would ideally like to return this block to a 100% lifetime loss ratio before adjusting for expenses. However, the Company anticipates monitoring future experience before determining if further rate action

Mr. Bill Dismore

January 24, 2020

Page 3 of 3

is needed. Given the Company's position of accepting the 11% rate offer presented in this objection, future rate action is likely.

- 9) *The Virginia Bureau of Insurance has a concern with the large number of increases approved for the Company in the past and the fact that there are only 85 policyholders remaining in the Virginia block. If the pending rate increase request of 63% were granted, the lifetime loss ratio with the proposed increase will be approximately 117%. The Virginia cumulative total increases would amount to 375% compared to the nationwide average cumulative total of 203%.*

*Virginia would consider approval of an 11% rate increase to bring the Virginia cumulative on par with the nationwide cumulative total. This assumes that Exhibit F provided on 11/09/2018 is the most current experience. Please comment on the Company's consideration of this proposal.*

The Company is willing to accept the state's offer of 11%. Please let us know if any additional information is needed.

We look forward to hearing from you.

Sincerely,



Brian Ulery, FSA, MAAA  
Principal Consulting Actuary  
LTCG

**American General Life Insurance Company  
LTC Rate History and Filing Status  
Policy 64028 and Associated Riders**

**Exhibit F  
Page 1 of 2**

State	Inforce Lives as of 12/2018	Annualized Premium as of 12/2018	Rate Increase #1			Rate Increase #2			Rate Increase #3			Rate Increase #4			Rate Increase #5		
			Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status
Alabama	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
Alaska	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
Arizona	49	168,483	25.00%	15.00%	9/9/2005	25.00%	15.00%	7/31/2007	25.00%	15.00%	12/29/2008	25.00%	25.00%	5/17/2010	25.00%	25.00%	1/23/2012
Arkansas	2	13,848	25.00%	25.00%	11/6/2006	25.00%	25.00%	10/1/2008	25.00%	12.50%	3/3/2010	25.00%	10.00%	4/19/2013	25.00%	15.00%	6/24/2015
California	630	1,893,244	25.00%	25.00%	1/14/2005	25.00%	25.00%	6/26/2007	25.00%	25.00%	5/11/2010	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Colorado	39	122,110	25.00%	25.00%	7/19/2006	25.00%	25.00%	10/7/2008	25.00%	25.00%	1/12/2010	25.00%	25.00%	7/15/2015	25.00%	0.00%	to be filed
Connecticut	57	314,312	25.00%	25.00%	5/25/2006	25.00%	15.00%	8/5/2008	25.00%	10.00%	11/6/2009	25.00%	20.00%	11/19/2010	25.00%	15.00%	7/12/2012
DC	4	9,827	25.00%	21.00%	10/8/2008	25.00%	10.00%	3/3/2011	25.00%	10.00%	5/30/2012	25.00%	10.00%	11/8/2013	10.00%	10.00%	2/18/2015
Delaware	31	69,334	25.00%	10.00%	4/5/2006	25.00%	10.00%	10/20/2008	25.00%	15.00%	5/10/2010	25.00%	15.00%	8/10/2011	25.00%	25.00%	10/22/2013
Florida	143	324,718	23.00%	23.00%	10/30/2006	64.00%	11.70%	10/24/2014	46.30%	46.30%	10/2/2017	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Georgia	10	28,363	25.00%	12.00%	9/26/2005	25.00%	10.00%	3/6/2007	25.00%	10.00%	11/11/2008	25.00%	10.00%	3/30/2010	25.00%	15.00%	7/18/2011
Hawaii	6	21,299	25.00%	20.00%	8/29/2006	25.00%	20.00%	12/24/2008	25.00%	15.00%	6/6/2011	25.00%	25.00%	8/12/2014	25.00%	20.60%	6/19/2018
Idaho	34	72,939	25.00%	25.00%	6/8/2006	25.00%	25.00%	10/7/2008	25.00%	25.00%	4/29/2010	25.00%	10.00%	1/6/2012	25.00%	10.00%	10/30/2014
Illinois	217	973,002	25.00%	25.00%	2/4/2005	25.00%	25.00%	6/20/2007	25.00%	25.00%	8/4/2008	25.00%	25.00%	12/4/2009	25.00%	25.00%	3/29/2011
Indiana	29	72,218	25.00%	25.00%	9/24/2005	25.00%	25.00%	2/20/2007	25.00%	25.00%	11/6/2008	25.00%	10.00%	6/24/2010	25.00%	0.00%	to be filed
Iowa	48	138,471	25.00%	20.00%	6/2/2006	25.00%	15.00%	11/24/2008	25.00%	20.00%	5/7/2010	25.00%	19.00%	7/6/2011	25.00%	18.00%	11/5/2012
Kansas	141	430,790	25.00%	15.00%	8/11/2005	25.00%	15.00%	6/1/2007	25.00%	25.00%	11/10/2008	25.00%	10.00%	7/26/2010	25.00%	10.00%	9/28/2011
Kentucky	30	100,341	25.00%	25.00%	7/15/2005	25.00%	25.00%	2/19/2007	25.00%	10.00%	1/6/2009	25.00%	10.00%	5/17/2010	25.00%	5%/20%	9/7/2011
Louisiana	39	89,430	25.00%	25.00%	2/9/2007	25.00%	10.00%	8/21/2008	25.00%	15.00%	5/21/2010	15.00%	15.00%	8/23/2013	25.00%	20.00%	5/31/2016
Maine	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
Maryland	146	689,852	15.00%	15.00%	7/27/2005	15.00%	15.00%	2/20/2007	15.00%	15.00%	8/19/2008	15.00%	15.00%	10/27/2009	15.00%	15.00%	11/29/2011
Massachusetts	337	960,095	25.00%	25.00%	11/23/2005	25.00%	10.00%	5/17/2012	151.00%	40.00%	1/20/2017	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Michigan	61	308,693	25.00%	25.00%	3/17/2005	25.00%	25.00%	2/28/2007	25.00%	25.00%	9/18/2008	25.00%	25.00%	11/2/2009	25.00%	25.00%	12/14/2010
Minnesota	121	303,916	25.00%	25.00%	3/15/2005	25.00%	25.00%	4/12/2007	25.00%	25.00%	2/10/2009	25.00%	25.00%	4/24/2018	25.00%	0.00%	to be filed
Mississippi	11	44,428	25.00%	25.00%	10/24/2008	25.00%	25.00%	3/26/2010	25.00%	25.00%	7/25/2011	25.00%	25.00%	3/8/2013	25.00%	25.00%	5/22/2014
Missouri	95	364,204	25.00%	25.00%	6/12/2006	25.00%	25.00%	10/31/2007	25.00%	25.00%	11/14/2008	25.00%	26.50%	8/22/2012	25.00%	25.00%	3/18/2015
Montana	10	23,679	25.00%	25.00%	3/2/2006	25.00%	25.00%	9/16/2008	25.00%	25.00%	11/12/2009	25.00%	25.00%	12/20/2010	25.00%	15.00%	1/23/2012
Nebraska	23	82,672	25.00%	25.00%	4/1/2005	25.00%	25.00%	1/5/2009	25.00%	25.00%	3/30/2010	25.00%	10.00%	10/14/2011	25.00%	25.00%	3/21/2013
Nevada	14	48,387	25.00%	25.00%	10/15/2008	25.00%	25.00%	1/27/2010	25.00%	20.00%	4/16/2013	25.00%	25.00%	4/29/2015	25.00%	25.00%	4/23/2018
New Hampshire	32	79,801	25.00%	25.00%	7/14/2006	25.00%	25.00%	7/17/2008	25.00%	25.00%	10/1/2009	25.00%	25.00%	8/10/2012	25.00%	25.00%	3/17/2015
New Jersey	341	1,690,184	25.00%	20%/10%	12/12/2006	25.00%	25.00%	10/31/2008	25.00%	25.00%	7/12/2010	25.00%	25.00%	11/21/2012	25.00%	25.00%	3/19/2014
New Mexico	47	135,140	25.00%	25.00%	4/4/2005	25.00%	25.00%	3/8/2007	25.00%	25.20%	10/2/2009	25.00%	10.00%	12/21/2012	25.00%	15.00%	2/25/2014
New York	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
North Carolina	109	374,575	25.00%	25.00%	12/9/2005	25.00%	25.00%	9/11/2008	25.00%	25.00%	11/17/2009	25.00%	13.50%	7/23/2013	25.00%	10.00%	1/21/2015
North Dakota	59	245,870	25.00%	20.00%	3/15/2005	25.00%	20.00%	3/1/2007	25.00%	20.00%	10/21/2008	25.00%	20.00%	1/5/2010	25.00%	20.00%	11/23/2010
Ohio	192	628,716	25.00%	25.00%	1/21/2005	25.00%	25.00%	2/15/2007	25.00%	25.00%	9/10/2008	25.00%	10.00%	4/9/2010	25.00%	25.00%	12/2/2015
Oklahoma	145	419,110	15.00%	15.00%	12/27/2004	15.00%	15.00%	2/2/2007	15.00%	15.00%	2/6/2009	15.00%	10.00%	11/8/2010	15.00%	15.00%	12/20/2011
Oregon	87	255,655	25.00%	20.00%	4/30/2007	25.00%	15.00%	10/10/2008	25.00%	5.00%	5/20/2010	25.00%	10.00%	12/9/2011	25.00%	15.00%	12/16/2013
Pennsylvania	303	1,190,650	25.00%	25.00%	6/2/2005	25.00%	10.00%	9/19/2007	25.00%	25.00%	9/8/2008	25.00%	17.50%	5/6/2010	25.00%	17.50%	6/8/2012
Rhode Island	93	294,156	25.00%	25.00%	4/4/2005	25.00%	25.00%	4/5/2007	25.00%	15.40%	8/17/2009	25.00%	16.70%	9/19/2011	25.00%	25.00%	4/28/2015
South Carolina	36	138,237	25.00%	25.00%	5/9/2006	25.00%	25.00%	4/25/2007	25.00%	20.00%	11/25/2008	25.00%	20.00%	7/22/2010	25.00%	5.00%	11/3/2011
South Dakota	23	119,213	25.00%	25.00%	6/24/2005	25.00%	25.00%	7/11/2008	25.00%	25.00%	8/27/2009	25.00%	11.00%	10/21/2010	25.00%	25.00%	2/10/2012
Tennessee	32	115,320	25.00%	25.00%	6/16/2006	25.00%	15.00%	9/22/2008	25.00%	18.00%	11/18/2009	25.00%	10.00%	2/17/2011	25.00%	25.00%	3/15/2012
Texas	348	956,724	25.00%	25.00%	8/1/2005	25.00%	18.00%	4/25/2007	25.00%	16.00%	6/29/2009	25.00%	25.00%	6/10/2011	25.00%	18.00%	7/28/2014
Utah	21	50,814	25.00%	25.00%	8/10/2006	25.00%	25.00%	7/6/2009	25.00%	25.00%	10/25/2010	25.00%	25.00%	3/30/2012	25.00%	25.00%	1/10/2017
Vermont	6	13,481	25.00%	0.00%	disapproved	0.00%	0.00%	not filing	0.00%	0.00%	not filing	0.00%	0.00%	not filing	0.00%	0.00%	not filing
Virginia	79	333,265	25.00%	25.00%	7/25/2006	25.00%	25.00%	10/1/2008	25.00%	25.00%	5/29/2011	25.00%	12.60%	3/14/2013	25.00%	25.00%	11/6/2015
Washington	52	326,620	25.00%	25.00%	2/1/2005	25.00%	25.00%	2/21/2007	25.00%	25.00%	9/2/2008	25.00%	25.00%	11/23/2009	25.00%	25.00%	5/2/2011
West Virginia	9	42,865	25.00%	15.00%	6/14/2006	25.00%	25.00%	12/10/2008	25.00%	25.00%	5/13/2010	25.00%	25.00%	9/28/2011	25.00%	15.00%	3/25/2013
Wisconsin	897	2,592,723	25.00%	20.00%	10/21/2005	25.00%	12.00%	11/1/2007	25.00%	16%/10%	8/25/2009	25.00%	25%/10%	8/4/2011	25.00%	25%/10%	11/18/2013
Wyoming	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-

**American General Life Insurance Company  
LTC Rate History and Filing Status  
Policy 64028 and Associated Riders**

**Exhibit F  
Page 2 of 2**

State	Inforce Lives as of 12/2018	Annualized Premium as of 12/2018	Rate Increase #6			Rate Increase #7			Rate Increase #8			Rate Increase #9			Rate Increase #10		
			Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status	Rate Incrs Requested	Rt Incrs Approved	Approved Date/Current Status
Alabama	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
Alaska	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
Arizona	49	168,483	25.00%	0.00%	pending	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Arkansas	2	13,848	25.00%	25.00%	11/7/2016	25.00%	25.00%	6/15/2018	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
California	630	1,893,244	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Colorado	39	122,110	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Connecticut	57	314,312	25.00%	20.00%	6/18/2013	19.00%	19.00%	9/3/2015	25.00%	40.00%	3/27/2018	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
DC	4	9,827	0.00%	0.00%	not filing	0.00%	0.00%	not filing	0.00%	0.00%	not filing	0.00%	0.00%	not filing	0.00%	0.00%	not filing
Delaware	31	69,334	25.00%	25.00%	5/20/2015	25.00%	25.00%	11/16/2017	25.00%	25.00%	10/15/2019	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Florida	143	324,718	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Georgia	10	28,363	25.00%	12.00%	7/20/2012	25.00%	10.00%	8/13/2013	25.00%	10.00%	7/29/2015	25.00%	12.00%	7/26/2017	25.00%	10.00%	8/5/2019
Hawaii	6	21,299	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Idaho	34	73,939	42.20%	21.00%	7/31/2018	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Illinois	217	973,002	25.00%	25.00%	3/27/2012	25.00%	25.00%	1/8/2015	27.00%	27.00%	10/30/2017	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Indiana	29	72,218	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Iowa	48	138,471	25.00%	16.50%	12/27/2013	25.00%	17.90%	10/14/2015	25.00%	17.90%	3/6/2019	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Kansas	141	430,790	25.00%	12.00%	10/23/2012	25.00%	10.00%	9/24/2013	25.00%	10.00%	3/18/2016	25.00%	15.00%	3/12/2019	25.00%	0.00%	to be filed
Kentucky	30	100,341	25.00%	5%/15%/25%	9/23/2014	25.00%	15.00%	2/1/2016	25.00%	25.00%	3/14/2019	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Louisiana	39	89,430	25.00%	20.00%	9/30/2019	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Maine	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
Maryland	146	689,852	15.00%	15.00%	1/15/2013	15.00%	15.00%	2/28/2014	15.00%	15.00%	2/2/2016	15.00%	8.00%	5/4/2018	15.00%	0.00%	pending
Massachusetts	337	960,095	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Michigan	61	308,693	25.00%	25.00%	1/25/2012	25.00%	25.00%	7/15/2013	11.00%	11.00%	7/29/2015	10.00%	10.00%	12/27/2017	10.00%	0.00%	to be filed
Minnesota	121	303,916	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Mississippi	11	44,428	25.00%	10.00%	1/21/2016	-	-	-	-	-	-	-	-	-	-	-	-
Missouri	95	364,204	25.00%	25.00%	8/2/2016	25.00%	25.00%	9/26/2018	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Montana	10	23,679	25.00%	25.00%	8/20/2013	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Nebraska	23	82,672	25.00%	25.00%	10/17/2014	25.00%	33.10%	10/27/2016	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Nevada	14	48,387	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
New Hampshire	32	79,801	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
New Jersey	341	1,690,184	25.00%	33.10%	3/17/2017	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
New Mexico	47	135,140	25.00%	15.00%	10/23/2015	25.00%	15.00%	7/5/2018	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
New York	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-
North Carolina	109	374,575	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
North Dakota	59	245,870	25.00%	20.00%	2/13/2012	25.00%	15.00%	7/18/2013	25.00%	15.00%	7/24/2015	25.00%	15.00%	10/25/2017	25.00%	15.00%	5/23/2019
Ohio	192	628,716	25.00%	15.00%	3/6/2018	25.00%	15.00%	12/27/2019	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Oklahoma	145	419,110	25.00%	25.00%	3/27/2013	25.00%	25.00%	10/28/2014	25.00%	10.00%	5/31/2016	25.00%	15.00%	4/5/2019	25.00%	0.00%	to be filed
Oregon	87	255,655	25.00%	70.00%	12/14/2015	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Pennsylvania	303	1,190,650	25.00%	15.00%	10/7/2014	25.00%	16.00%	6/11/2019	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Rhode Island	93	294,156	25.00%	0.00%	pending	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
South Carolina	36	138,237	25.00%	15.00%	3/1/2013	25.00%	9.50%	9/12/2014	25.00%	8.00%	3/23/2016	25.00%	0.00%	pending	25.00%	0.00%	to be filed
South Dakota	23	119,213	25.00%	25.00%	8/13/2013	25.00%	25.00%	9/9/2015	25.00%	25.00%	10/17/2018	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Tennessee	32	115,320	25.00%	25.00%	7/23/2013	25.00%	25.00%	2/20/2015	25.00%	15.00%	8/17/2017	25.00%	15.00%	9/10/2019	25.00%	0.00%	to be filed
Texas	348	956,724	25.00%	25.00%	3/6/2019	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Utah	21	50,814	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Vermont	6	13,481	0.00%	0.00%	not filing	0.00%	0.00%	not filing	0.00%	0.00%	not filing	0.00%	0.00%	not filing	0.00%	0.00%	not filing
Virginia	79	333,265	11.00%	0.00%	pending	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Washington	52	326,620	25.00%	25.00%	7/6/2012	25.00%	25.00%	11/22/2013	25.00%	25.00%	9/30/2015	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
West Virginia	9	42,865	25.00%	25.00%	3/23/2015	25.00%	25.00%	3/31/2017	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Wisconsin	897	2,592,723	25.00%	25%/10%	1/12/2016	25.00%	12%/10%	3/19/2018	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed	25.00%	0.00%	to be filed
Wyoming	0	0	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-	0.00%	0.00%	-

American General Life Insurance Company Policies Inforce as of 12/31/2017 Virginia Policy Holders			
Index	Current Age	Current Premium	Proposed Premium
1	102	\$10,201	\$17,627
2	81	\$1,739	\$3,005
3	89	\$4,430	\$7,656
4	86	\$3,544	\$6,125
5	88	\$5,568	\$9,622
6	73	\$1,908	\$3,296
7	80	\$1,702	\$2,941
8	87	\$4,900	\$8,467
9	90	\$4,874	\$8,421
10	89	\$4,527	\$7,823
11	78	\$2,702	\$4,669
12	66	\$0	\$0
13	83	\$1,790	\$3,094
14	74	\$1,704	\$2,944
15	77	\$1,704	\$2,944
16	94	\$0	\$0
17	72	\$4,909	\$8,483
18	82	\$4,937	\$8,532
19	78	\$3,332	\$5,758
20	78	\$3,332	\$5,758
21	84	\$2,396	\$4,140
22	81	\$5,104	\$8,820
23	88	\$12,746	\$22,026
24	83	\$5,243	\$9,059
25	82	\$3,920	\$6,773
26	77	\$5,708	\$9,863
27	86	\$2,679	\$4,629
28	87	\$3,555	\$6,143
29	92	\$0	\$0
30	88	\$5,568	\$9,622
31	80	\$7,268	\$12,558
32	86	\$3,974	\$6,868
33	88	\$17,778	\$30,720
34	79	\$3,848	\$6,649
35	77	\$3,494	\$6,037
36	73	\$2,525	\$4,362
37	89	\$4,612	\$7,970
38	84	\$13,628	\$23,550
39	75	\$2,100	\$3,629
40	76	\$2,100	\$3,628

American General Life Insurance Company			
Policies Inforce as of 12/31/2017			
Virginia Policy Holders			
Index	Current Age	Current Premium	Proposed Premium
41	77	\$9,513	\$16,438
42	84	\$3,909	\$6,755
43	76	\$1,521	\$2,628
44	74	\$6,422	\$11,096
45	80	\$7,123	\$12,308
46	90	\$12,981	\$22,431
47	87	\$8,250	\$14,256
48	84	\$0	\$0
49	81	\$3,251	\$5,617
50	87	\$7,113	\$12,290
51	69	\$2,475	\$4,277
52	79	\$2,614	\$4,516
53	85	\$5,349	\$9,243
54	85	\$3,735	\$6,455
55	85	\$4,454	\$7,697
56	76	\$3,379	\$5,839
57	81	\$1,590	\$2,748
58	89	\$6,422	\$11,097
59	82	\$4,444	\$7,679
60	87	\$0	\$0
61	87	\$0	\$0
62	68	\$0	\$0
63	80	\$4,109	\$7,101
64	81	\$1,504	\$2,599
65	76	\$4,282	\$7,400
66	73	\$3,095	\$5,348
67	72	\$3,850	\$6,653
68	73	\$1,829	\$3,160
69	75	\$1,829	\$3,160
70	82	\$5,332	\$9,214
71	81	\$3,957	\$6,838
72	63	\$2,964	\$5,122
73	73	\$1,173	\$2,027
74	75	\$2,531	\$4,374
75	81	\$4,542	\$7,849
76	78	\$2,920	\$5,045
77	75	\$2,110	\$3,645
78	74	\$4,468	\$7,721
79	86	\$5,333	\$9,215
80	74	\$3,696	\$6,386
81	73	\$3,696	\$6,386
82	86	\$4,092	\$7,070
83	78	\$2,852	\$4,927
84	58	\$1,056	\$1,824
85	83	\$4,495	\$7,767

**American General Life Insurance Company**  
**Policy Form 64028**  
**Lifetime Experience (Nationwide)**  
**Earned Premiums at Historical Virginia Rate Level**  
**Active, Premium Paying Policyholders**

Year	Prior Filing Assumptions			Current Best Estimate Assumptions		
	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio
2018	16,251,875	25,473,899	157%	16,911,479	33,601,991	199%
2019	15,186,722	26,414,250	174%	15,229,637	34,680,281	228%
2020	13,497,807	27,334,565	203%	13,613,529	35,123,430	258%
2021	11,931,523	28,053,539	235%	12,112,693	34,989,653	289%
2022	10,468,196	28,631,183	274%	10,725,060	34,500,902	322%
2023	9,117,230	29,035,093	318%	9,456,020	33,779,627	357%
2024	7,886,165	29,178,361	370%	8,289,769	32,939,376	397%
2025	6,766,534	28,980,259	428%	7,225,288	31,830,672	441%
2026	5,750,954	28,422,478	494%	6,261,161	30,380,848	485%
2027	4,838,114	27,562,869	570%	5,392,298	28,714,191	533%
2028	4,029,934	26,437,600	656%	4,614,734	26,944,196	584%
2029	3,325,458	25,096,137	755%	3,924,633	25,075,199	639%
2030	2,717,228	23,536,063	866%	3,316,652	23,033,320	694%
2031	2,197,162	21,817,974	993%	2,784,758	20,833,109	748%
2032	1,756,101	19,984,971	1138%	2,323,513	18,607,654	801%
2033	1,386,852	18,087,185	1304%	1,926,519	16,449,629	854%
2034	1,081,922	16,172,017	1495%	1,586,819	14,486,175	913%
2035	835,002	14,285,917	1711%	1,298,974	12,665,896	975%
2036	638,502	12,489,481	1956%	1,056,586	10,969,138	1038%
2037	483,476	10,815,542	2237%	853,905	9,398,872	1101%
2038	362,470	9,289,418	2563%	685,871	7,976,230	1163%
2039	269,226	7,910,739	2938%	547,353	6,754,739	1234%
2040	198,356	6,673,589	3364%	434,288	5,690,919	1310%
2041	144,489	5,581,628	3863%	342,388	4,763,669	1391%
2042	103,798	4,624,118	4455%	268,230	3,961,899	1477%
2043	73,624	3,794,992	5155%	208,874	3,268,007	1565%
2044	51,357	3,086,570	6010%	161,573	2,690,128	1665%
2045	35,306	2,489,257	7051%	124,336	2,196,058	1766%
2046	23,760	1,985,079	8355%	95,047	1,782,447	1875%
2047	15,782	1,568,268	9937%	72,141	1,444,563	2002%
2048	10,281	1,227,766	11942%	54,402	1,164,147	2140%
2049	6,449	950,291	14735%	40,582	932,138	2297%
2050	3,961	728,093	18380%	30,117	740,992	2460%
2051	2,323	551,921	23760%	22,231	588,207	2646%
2052	1,298	413,475	31866%	16,254	464,550	2858%
2053	652	306,395	47028%	11,802	362,105	3068%
2054	300	224,654	74974%	8,451	278,698	3298%
2055	143	163,181	114153%	5,990	212,524	3548%
2056	60	117,414	194142%	4,218	160,779	3811%
2057	22	83,661	380412%	2,964	121,936	4113%
PV Future	94,793,500	331,048,768	349%	100,652,220	367,880,438	365%

\*Interest rate used to discount the future totals is equal to 5.00%.



**American General Life Insurance Company**  
**Policy Form 64028**  
**Lifetime Experience (Nationwide)**  
**Earned Premiums at Historical Virginia Rate Level**  
**Active, Premium Paying Policyholders**  
**Justified RI Using the Texas Method**

Justified RI Using 58/85		Justified RI Using 60/80	
VA Cumulative RI	175%	VA Cumulative RI	175%
BE PV Future IC	367,880,438	BE PV Future IC	367,880,438
<u>Prior PV Future IC</u>	<u>331,048,768</u>	<u>Prior PV Future IC</u>	<u>331,048,768</u>
Change	36,831,670	Change	36,831,670
BE PV Future EP	100,652,220	BE PV Future EP	100,652,220
<u>Prior PV Future EP</u>	<u>94,793,500</u>	<u>Prior PV Future EP</u>	<u>94,793,500</u>
Change	5,858,720	Change	5,858,720
Add'l Funding Needed	32,427,182	Add'l Funding Needed	32,570,934
BE PV EP	100,652,220	BE PV EP	100,652,220
0.85 * BE PV EP	85,554,387	0.80 * BE PV EP	80,521,776
Justified RI	38%	Justified RI	40%



20975 Swenson Drive  
Suite 420  
Waukesha, WI 53186  
(877) 431-5824

February 7, 2020

Mr. Bill Dismore  
Virginia State Corporation Commission  
Bureau of Insurance  
Commonwealth of Virginia  
P.O. Box 1157  
Richmond, VA 23218

**RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY**  
**PROJECT NAME/NUMBER: AGL RI6 FILING/AGL RI6 VA**  
**SERFF TRACKING NO: LTCG-131461895**

Dear Mr. Dismore:

This letter is in response to your letter dated January 27, 2020. Your letter indicated you would like additional information. Specifically, you stated:

- 1) Pursuant to the response in the Company's objection letter dated 1/24/2020, the Virginia Bureau of Insurance recognizes the company's revised proposed rate increase of 11%. Please revise the actuarial memorandum, exhibits and the Long Term Care Insurance Rate Request Summary to reflect the revised proposal. In addition, the rate sheets will also need to be revised along with the Rate/Rule Schedule's Company Rate Information section which will require a Post-Submission Update. The Rate Action Information should also reflect the appropriate Percent Rate Change Request.*

Please see the attached "AGL RI6 VA Actuarial Memorandum with Exhibits.pdf", "AGL RI6 VA Revised Rate Sheets (with 11% increase).pdf", and "Long Term Care Insurance Rate Request Summary 2018.pdf" revised files reflecting the 11% proposed rate increase. A Post-Submission Update and the Rate Action Information have been updated to reflect the 11% proposed rate increase.

We look forward to hearing from you.

Sincerely,

Brian Ulery, FSA, MAAA  
Principal Consulting Actuary  
LTCG



20975 Swenson Drive  
Suite 420  
Waukesha, WI 53186  
(877) 431-5824

February 24, 2020

Mr. Bill Dismore  
Virginia State Corporation Commission  
Bureau of Insurance  
Commonwealth of Virginia  
P.O. Box 1157  
Richmond, VA 23218

**RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY**  
**PROJECT NAME/NUMBER: AGL RI6 FILING/AGL RI6 VA**  
**SERFF TRACKING NO: LTCG-131461895**

Dear Mr. Dismore:

This letter is in response to your letter dated January 2, 2020. Your letter indicated you would like additional information. Specifically, you stated:

***Objection 1 - Third Party Filer Authorization (Supporting Document)***

- 1) The TPA Authorization expired on 12/31/2018. Please provide an updated TPA Authorization letter.*

An updated Authorization letter has been attached.

***Objection 2 - 11/27/2018 Response Letter and Attachments (Supporting Document)***  
***Statement of Variability - Form AGLC108934-2019***

- 1) The Statement of Variability does not include the correct form number (i.e. "2019" instead of "2018"). Please revise.*

The Statement of Variability included in the response to the 11272018 objection displayed Form "AGLC108934-2019" which is consistent with the form number in version 3 of the policyholder letter included in the same response. Please see an updated Statement of Variability attached to address item 1 in the questions related to "SOV" below.

- 2) The explanation of variability in the Statement of Variability should be expanded to describe specifically how each variable field might vary from the text as presented.*

The Statement of Variability provides an explanation of variability in situations where detail is available. Fields 1-26 in the policyholder notification letter are numeric and will vary on a case by case basis.

**Statement of Variability ("SOV") - Forms AGL Coverage Decrease Election Form 2019, AGL Paid-up Status Election Form 2019:**

- 1) *The SOV should be revised to describe all variable fields appearing in forms AGL Coverage Decrease Election Form 2019 and AGL Paid-up Status Election Form - 2019. The description should be complete and describe how each variable field might vary from the text as presented.*

Please see the updated Statement of Variability for the requested change.

- 2) *Please advise if the customer service contact number and hours of operation fields should be considered as variable. If so, the fields should be bracketed, and the Statement of Variability should be updated with this information.*

The customer service contact number and hours of operation are not variable.

**Objection 3 - Policyholder Rate Increase Notification Letter , AGLC108934-2019 (Form)**

- 1) *The full and proper corporate name of the insurer must prominently appear on the first page of the policyholder letter pursuant to 14 VAC 5-100-50 2. Further, the company logo may not be presented in lieu of the full and proper corporate name or presented so prominently as to obscure the insurers name.*

Please see the updated policyholder rate increase letter for the requested change.

- 2) *14 VAC 5-100-50 5 requires that the type size of the print be no small than 10 point. It appears that the companys address does not meet this requirement.*

Please see the updated policyholder rate increase letter for the requested change.

- 3) *First sentence states that rate increase has been authorized. Please revise the word "authorized" to state something similar to "was found to be compliant with Virginia laws and regulations." For example, "This letter is to notify you that our request for a premium rate increase was found to be compliant with Virginia laws and regulations for your long-term care insurance policy."*

Please see the updated policyholder rate increase letter for the requested change.

- 4) *The paragraphs (4th paragraph on page 1 as an example) intended to satisfy the requirements set forth in 14 VAC 5-200-75 D 4 should more closely mirror the regulatory language.*

Please see the updated policyholder rate increase letter for the requested change.

Mr. Bill Dismore  
February 24, 2020  
Page 3 of 3

- 5) *Please advise if the customer service contact number and hours of operation fields should be considered as variable. If so, the fields should be bracketed, and the Statement of Variability should be updated with this information.*

The customer service contact number and hours of operation are not variable.

We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brian Ulery', with a stylized flourish at the end.

Brian Ulery, FSA, MAAA  
Principal Consulting Actuary  
LTCG

«Date»

## American General Life Insurance Company

P.O. Box 64036

St. Paul, MN 55164

«First Name» «Last Name»

«Address 1»

«Address 2»

RE: «grp\_program3»  
Long-Term Care Insurance Plan  
Policy Number: «policy\_no»

Dear «First Name» «Last Name»:

### **Important Change in Your Long-Term Care Insurance Policy**

This letter is to notify you that our request for a premium rate increase was found to be compliant with Virginia laws and regulations for your long-term care insurance policy. The amount of the premium increase and your options are outlined below.

It is important to know that all insurance companies periodically review the current and projected results against the pricing assumptions of their insurance products and can make adjustments as allowed by the terms of the policy contracts. Based on its review, American General Life Insurance Company determined that «number of increases» consecutive annual «increase percentage» rate increases in the renewal premium rate for your policy type was necessary. Since the time original premium rates were calculated for your policy, individuals are living longer and keeping their policies longer. This led to more claims being filed than the company anticipated when the policy was originally priced, and increased cost of services. As a result, the premium rates for your policy need to be increased to provide sufficient funds to pay current claims and future claims. The section titled “Guaranteed Renewability – Premiums Subject to Change” on the first page of the contract gives the insurance company this right. The section states:

*This Policy is guaranteed renewable for your lifetime. We cannot cancel this Policy as long as you pay the premiums and you have not exhausted your Benefit Account Value. We can change the Renewal Premium rate. We can change it only if it is changed for all policies in your state of residence on this Policy form. Notice of any change in rates will be sent at least 31 days in advance.*

The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at [www.scc.virginia.gov/BOI](http://www.scc.virginia.gov/BOI). The rate increase will apply to all like policies in your state of issue in accordance with the terms of your policy contract. You are receiving this notification letter at least 75 days prior to the implementation date of the increase.

Past renewal premium rate increases on this policy form approved by Virginia's State Corporation Commission include «rate increase history» increase. You have a right to a revised premium rate or rate schedule.

American General Life Insurance Company could have requested a larger premium rate increase as an increase greater than «number of round» annual rounds of «percentage of increase» are justified under current regulatory requirements. American General Life Insurance Company will continue to monitor experience. It is possible that the company will file for future renewal premium rate increases. However, any future rate increases will be contingent upon numerous factors, and any increase in renewal premiums will first have to be presented to and approved by Virginia's State Corporation Commission before being implemented. In any event, no further rate increases will be implemented until at least two years from the effective date of this increase. Should future rate increases be requested and approved, the company will offer options similar to those noted below when you are notified of the rate increase.

### ***What are my Options?***

We know how important your long-term care coverage is to you and that this action will impact individual policy holders in different ways. Therefore, we are offering three (3) options. Your three options and the action you must take to select one of them are fully explained below. **The three options may not be of equal value.** The effective date of your selected option will be «r\_policy\_offer\_eff\_date».

---

**Option 1: Your premium will automatically increase and your coverage amounts will continue as reflected under Option 1 in the chart below. To select this option you do nothing. Do not return the “Coverage Decrease Election Form.” Do not send any money at this time.**

Your premium will automatically increase by «Field 1» «r\_policy\_bill\_freq\_desc», «Field 2» one year thereafter, and «Field 3» two years thereafter. Your «r\_policy\_bill\_freq\_desc» premium will be adjusted to «Field 5» beginning «r\_policy\_offer\_eff\_date». The premium will be adjusted to «Field 4» one year thereafter and «Field 6» two years thereafter. If you pay premiums through electronic fund transfer, your premiums will be automatically adjusted to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your «r\_policy\_offer\_eff\_date» billing.

---

**Option 2: You may reduce your Maximum Daily Benefit as reflected under Option 2 in the chart below and your current premium will remain the same.**

Alternatively, you may be able to make other policy changes such as reducing your benefit period, modifying rider selections or selecting a different elimination period. Your premium will vary depending on the policy changes you select. A Customer Service representative can explain your policy design options and corresponding premium.

**To select the option to reduce your Maximum Daily Benefit, simply sign, date, and return the enclosed “Coverage Decrease Election Form” in the enclosed pre-paid envelope and postmarked no later than 30 days from the date of this letter. To make other policy changes, please call 1 (888) 316-2672 and speak to a customer service representative no later than 30 days from the date of this letter. Please note you have the option to lower your premium by reducing benefits at any time in the future by calling Customer Service at 1 (888) 316-2672.**

---

**Option 3:** You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum, as reflected under Option 3 in the chart below. Please note that this option limits the amount of future benefits you are eligible to receive. No future premiums will be required from you at any time in the future to secure these benefits.

To select this option, simply complete and return the enclosed “Paid-Up Status Election Form” in the enclosed envelope and postmarked no later than 30 days from the date of this letter.

**Benefits Chart**

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Daily Maximum	«Field 17»	«Field 17»	«Field 18»	«Field 19»
Assisted Living Facility Daily Maximum	«Field 17»	«Field 17»	«Field 18»	«Field 19»
Home Health Care Daily Maximum	«Field 17»	«Field 17»	«Field 18»	«Field 19»
Total Coverage Amount	«Field 21»	«Field 21»	«Field 23»	*
«FIELD_20» Premium Year 1	«Field 22»	«Field 24»	«Field 22»	\$0
«FIELD_20» Premium Year 2	«Field 22»	«Field 25»	N/A	N/A
«FIELD_20» Premium Year 3	«Field 22»	«Field 26»	N/A	N/A

**NOTE: If you do not select Option 2 or Option 3 within the next 30 days, you will automatically receive Option 1 at that time. In that case your next premium invoice will reflect the increased premium.**

**However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.**

*\*Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum.*

We realize that this offer is complicated. Feel free to call our special toll-free number 1 (888) 316-2672 and speak to our Customer Service representatives Monday through Friday, 8:30 a.m. to 6:30 p.m. Eastern Time. We thank you for your business and look forward to serving you for many years.

Sincerely,

Long Term Care Administration  
American General Life Insurance Company

Enclosure(s)

cc: «AGENT\_MAILING\_NAME»  
«AGENT\_SF\_NAME»  
«agent\_address1»  
«agent\_address2»  
«agent\_city» «agent\_state» «agent\_zip»



**Address Change Reminder:**

**If your address has changed from what is printed above, please indicate your correct address below and return this page to the address provided:**

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Policy Number: «policy\_no»

Return To: American General Life Insurance Company  
Long Term Care Service and Claims Center  
P.O. Box 64036  
St. Paul, MN 55164-9916

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# American General Life Insurance Company

## Statement of Variability

### Policyholder Notification Letter: AGLC108934-2019

Field	Explanation of Variability
<b>Policyholder Notification Letter</b>	
«Date»	Date of letter.
«First Name» «Middle Name» «Last Name»	First, Middle and Last Name of policyholder.
«Address 1»	Address of policyholder.
«Address 2»	City and State of policyholder.
«grp_program3»	Placeholder for Company name.
«policy_no»	Recipients Policy number.
«number of increases»	Number of increases.
«increase percentage»	Percentage of increase.
«rate increase history»	Rate increase history.
«number of round»	Round of increase.
«percentage of increase»	Increase percentage.
«r_policy_bill_freq_desc»	Will be case specific at time of issue.
«r_policy_offer_eff_date»	Will be case specific at time of issue.
«Field 1»	Year one increase amount. Case specific.
«Field 2»	Year two increase amount. Case specific.
«Field 3»	Year three increase amount. Case specific
«Field 4»	Adjusted amount increase one. Case specific.
«Field 5»	Adjusted amount increase two. Case specific.
«Field 6»	Adjusted amount increase three. Case specific.
«Field 17»	Case specific.
«Field 18»	Case specific.
«Field 19»	Case specific.
«FIELD_20» Premium Year 1	Will be case specific.
«FIELD_20» Premium Year 2	Will be case specific.
«FIELD_20» Premium Year 3	Will be case specific.
«Field 21»	Case specific.
«Field 22»	Case specific.
«Field 23»	Case specific.
«Field 24»	Case specific.
«Field 25»	Case specific.
«Field 26»	Case specific.
«AGENT_MAILING_NAME» «AGENT_SF_NAME» «agent_address1» «agent_address2» «agent_city» «agent_state» «agent_zip»	Will be case specific.

<b>Coverage Decrease Election Form</b>	
«GRP_PROGRAM»	Placeholder for Company name.
«rp_0_offer_nh_benefit_mdb_01»	Decreased Nursing Home Care Maximum Daily Amount. Case specific. Case specific.
«rp_0_offer_al_benefit_mdb_01»	Decreased Assisted Living Facility Care Maximum Daily Amount. Case specific.
«rp_0_offer_hc_benefit_mdb_01»	Decreased Home Health Care Maximum Daily Amount. Case specific.
«rp_0_offer_remain_lifemax_01»	Decreased Total Coverage Amount. Case specific.
«r_curr_cvg_modal_prem» / «r_policy_bill_freq_desc»	Premium/Premium Mode. Case specific.
«First Name» «Middle Name» «Last Name»	First, Middle and Last Name of policyholder.
«policy_no»	Recipients Policy number.
«r_policy_offer_eff_date»	Will be case specific at time of issue.
<b>Paid-Up Status Election Form</b>	
«GRP_PROGRAM»	Placeholder for Company name.
«Field 27»	Nursing Home Care Maximum Daily Amount. Case specific.
«Field 28»	Assisted Living Facility Care Maximum Daily Amount. Case specific.
«Field 29»	Home Health Care Maximum Daily Amount. Case specific.
«Field 30»	Decreased Total Coverage Amount. Case specific.
«Field 31»	Premium. Case specific.
«Field_32»	Decreased Total Coverage Amount effective date. Case specific.
«grp_program 4»	Recipient of Forms
«First Name» «Middle Name» «Last Name»	First, Middle and Last Name of policyholder.
«policy_no»	Recipients Policy number.



20975 Swenson Drive  
Suite 420  
Waukesha, WI 53186  
(877) 431-5824

May 12, 2020

Mr. Bill Dismore  
Virginia State Corporation Commission  
Bureau of Insurance  
Commonwealth of Virginia  
P.O. Box 1157  
Richmond, VA 23218

**RE: RATE REVISION FOR AMERICAN GENERAL LIFE INSURANCE COMPANY**  
**PROJECT NAME/NUMBER: AGL RI6 FILING/AGL RI6 VA**  
**SERFF TRACKING NO: LTCG-131461895**

Dear Mr. Dismore:

This letter is in response to your letter dated April 17, 2020. Your letter indicated you would like additional information. Specifically, you stated:

**Policyholder Rate Increase Notification Letter , AGLC108934-2019 (Form)**

1. *Please update the Form Schedule with the latest version of AGL RI6 VA Policyholder Notification Letter V4.pdf. that was submitted with the Company's objection response of 2/24/2020.*

The Form Schedule has been updated with the latest version of the letter: "AGL RI6 Policyholder Notification Letter V5.pdf".

**2/24/2020 Response Letter and Attachments (Supporting Document)**  
**- AGLC108934-2019 - Policyholder Notification Letter**

2. *Page 1, 2nd paragraph, 2nd sentence: As this is a single rate increase of 11% the second sentence should be revised for clarity and variability. Our concern would be addressed if the Company considered alternative language similar to: "American General Life Insurance Company ("the Company") determined that << an increase / a series of <<#>> annual increases>> of <<11%>> to your current annual premium is necessary."*

*The Statement of Variability ("SOV") should be expanded and explain any additional variables.*

Please see the attached "AGL RI6 Policyholder Notification Letter V5.pdf" and "AGL RI6 VA Statement of Variability V4.pdf" files for the requested changes.

Mr. Bill Dismore

May 12, 2020

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3. Pursuant to 14VAC5-200 A. 4. the letter must state when the revised premium rate will go into effect (e.g. next anniversary date, next billing date, etc.). Our concern would be addressed if the Company added a sentence immediately following the sentence mentioned in the previous objection similar to:

*"The revised annual premium will be adjusted on <<r\_policy\_offer\_eff\_date>> unless your policy were to lapse, in which case you would automatically receive Option 3 as explained under "What are my Options?" explained in this letter below.*

Please see the attached "AGL RI6 Policyholder Notification Letter V5.pdf" and "AGL RI6 VA Statement of Variability V4.pdf" files for the requested changes.

4. Page 1, 4th paragraph, 1st sentence: Replace the word "commission" with "State Corporation Commission".

Please see the attached "AGL RI6 Policyholder Notification Letter V5.pdf" file for the requested changes.

5. Page 2, 2nd paragraph is confusing to a policyholder with limited insurance knowledge. Our concern would be addressed if the Company provided more simple language similar to the following: "While a larger rate increase is supported by the claims experience, the Company has decided to implement a smaller increase and will continue to monitor future outcomes. Another rate increase is possible, but any increase proposed will be filed with the Virginia State Corporate Commission for approval. Should a future rate increase be granted, similar options to those described below under "What are my Options?" will be offered."

Please see the attached "AGL RI6 Policyholder Notification Letter V5.pdf" file for the requested changes.

6. The word "chart" should be revised to state the chart name, "Benefits Chart" to provide clarity and consistency.

Please see the attached "AGL RI6 Policyholder Notification Letter V5.pdf" file for the requested changes.

## **2/24/2020 Response Letter and Attachments (Supporting Document)**

### **- AGLC108934-2019 - Policyholder Notification, Letter Benefits Chart - Page 3**

7.

- a) The current premium charged prior to the rate increase should be displayed on the Benefits Chart.

The current premium charged prior to the rate increase is displayed in the "Current" field in the Benefits Chart.

Mr. Bill Dismore

May 12, 2020

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- b) *The \* that appears for Total Coverage Amount under Option 3 should be variable and the variance explained on the SOV.*

Please see the attached "AGL RI6 Policyholder Notification Letter V5.pdf" and "AGL RI6 VA Statement of Variability V4.pdf" files for the requested changes.

- c) *To determine if Option 3 "Total Coverage Amount" is a viable option, the policyholder must know the total premiums paid and credited to their coverage. Please explain how this is communicated to the policyholder so that they are aware that the benefit may be more or less than 30 times the Daily Maximum.*

If a policyholder would like to know if the benefit is more or less than 30 times the Daily Maximum, they can call Customer Service at 1 (888) 316-2672.

- d) *The rows containing Premium Year 1-3 should be variable in the event of a single increase or a series of annual increases. Rather than state "Annual Premium Year #, it should state, "Revised Annual Premium <<r\_policy\_offer\_eff\_date>>". The variance must be explained on the SOV.*

Please see the attached "AGL RI6 Policyholder Notification Letter V5.pdf" and "AGL RI6 VA Statement of Variability V4.pdf" files for the requested changes.

- e) *If a series of rate increases are approved for implementation, the increased rate effective date should be displayed on the table rather than stating "Annual Premium Year" 1, 2 or 3 as suggested in c) above.*

Please see the attached "AGL RI6 Policyholder Notification Letter V5.pdf" and "AGL RI6 VA Statement of Variability V4.pdf" files for the requested changes.

## **2/24/2020 Response Letter and Attachments (Supporting Document)**

### **- AGLC108934-2019 - Policyholder Notification Letter**

8. *Please explain why Options 2 and 3 require the policyholder to select an option or contact a customer service representative within 30 days of the letter. The policyholder notification letter must be sent at least 75 days prior to the implementation date of the approved rate increase. Please describe what occurs if the policyholder misses the 30 day deadline. Our concern would be resolved if the Company provided the policyholder with a specific deadline date.*

All references to 30 days have been revised to 75 days. If the policyholder misses the 75 day deadline, their premium will automatically increase to the revised annual premium.

Mr. Bill Dismore

May 12, 2020

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9. *Please provide an explanation of the <<r\_policy\_offer\_eff\_date>> and how this date is determined. This should be clear on the SOV.*

The effective dates are calculated as the next policy anniversary. For multiple round rate increases, each subsequent effective date is 1 year after the prior effective date. Please see the attached "AGL RI6 Policyholder Notification Letter V5.pdf" and "AGL RI6 VA Statement of Variability V4.pdf" files for the requested changes.

### **Statement of Variability**

10. *The Company Name may not be presented as variable pursuant to 14VAC5-101-60-2. Please revise the SOV as it pertains to <<grp\_program3>> Placeholder for Company name.*

The field <<grp\_program3>> has been removed from the SOV.

### **Coverage Decrease Election Form, AGL Coverage Decrease Form-2019 (Form) - Paid-up Status Election Form, AGL Paid-up Election Form-2019 (Form)**

11. *The full and proper corporate name of the insurer must prominently appear on the first page of all forms pursuant to 14VAC5-101-60 2.*

The field <<grp\_program3>> has been replaced with the company name on both forms and has been removed from the SOV.

### **Paid-up Status Election Form, AGL Paid-up Election Form-2019 (Form)**

12. *Please explain why "Premium:" and \$<<FIELD\_31>> appears as variable on this form if the policy is in Paid-Up status.*

This field has been revised to be static to demonstrate the premium will be set to \$0 upon election of the paid-up option.

13. *Please explain how <<FIELD\_32>>, Decreased Total Coverage Amount effective date is calculated. Clarify the difference between this field and <<r\_policy\_offer\_eff\_date>>. If they are the same, the forms and SOV should be revised for consistency.*

<<FIELD\_32>> has been revised to <<r\_policy\_offer\_eff\_date\_1>> for consistency.

Mr. Bill Dismore

May 12, 2020

Page 5 of 5

**Policyholder Rate Increase Notification Letter , AGLC108934-2019 (Form)**

**- Policyholder Letter - Option 1 and Statement of Variability**

*14. The language used in Option 1 is confusing. It should also be bracketed for variability to allow flexibility if the Company issues a single increase instead of a series of annual increases. Our concern would be addressed if the Company considered using a table format following the bold text in place of the second paragraph under Option 1, similar to:*

*Column 1 = Effective Date of the Increase*

*Column 2 = Current Premium*

*Column 3 = % of increase*

*Column 4 = \$ amount of annual increase*

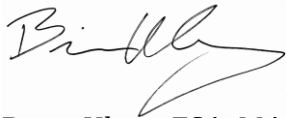
*Column 5 = \$ of revised annual premium*

*The table can be variable by adding rows should the Company wish to be approved to use a series of annual increases in the future.*

Please see the attached "AGL RI6 Policyholder Notification Letter V5.pdf" file for the requested changes.

We look forward to hearing from you.

Sincerely,



Brian Ulery, FSA, MAAA  
Principal Consulting Actuary  
LTCG



# American General Life Insurance Company

## Statement of Variability

### Policyholder Notification Letter: AGLC108934-2019

Field	Explanation of Variability
<b>Policyholder Notification Letter</b>	
«Date»	Date of letter.
«First Name» «Middle Name» «Last Name»	First, Middle and Last Name of policyholder.
«Address 1»	Address of policyholder.
«Address 2»	City and State of policyholder.
«policy_no»	Recipients Policy number.
« an increase / a series of «#» annual increases»	Number of annual increases.
«11%»	Percentage of increase.
«rate increase history»	Rate increase history.
«r_policy_offer_eff_date_1»	Round 1 RI Effective Date. Next Policy Anniversary Date. Will be case specific at time of issue.
«r_policy_offer_eff_date_2»	Round 2 RI Effective Date. 1 year after «r_policy_offer_eff_date_1» . Will be case specific at time of issue.
«r_policy_offer_eff_date_3»	Round 3 RI Effective Date. 1 year after «r_policy_offer_eff_date_2» . Will be case specific at time of issue.
«Field 1»	Year one increase amount. Case specific.
«Field 2»	Year two increase amount. Case specific.
«Field 3»	Year three increase amount. Case specific.
«Field 4»	Adjusted amount increase one. Case specific.
«Field 5»	Adjusted amount increase two. Case specific.
«Field 6»	Adjusted amount increase three. Case specific.
«Field 17»	Case specific.
«Field 18»	Case specific.
«Field 19»	Case specific.
«Field 21»	Case specific.
«Field 22»	Case specific.
«Field 23»	Case specific.
«Field 24»	Case specific.
«Field 25»	Case specific.
«Field 26»	Case specific.

«*»	Greater of the cumulative premiums paid since inception or 30 times the Nursing Home Care Daily Maximum
«AGENT_MAILING_NAME» «AGENT_SF_NAME» «agent_address1» «agent_address2» «agent_city» «agent_state» «agent_zip»	Will be case specific.
<b>Coverage Decrease Election Form</b>	
«rp_0_offer_nh_benefit_mdb_01»	Decreased Nursing Home Care Maximum Daily Amount. Case specific. Case specific.
«rp_0_offer_al_benefit_mdb_01»	Decreased Assisted Living Facility Care Maximum Daily Amount. Case specific.
«rp_0_offer_hc_benefit_mdb_01»	Decreased Home Health Care Maximum Daily Amount. Case specific.
«rp_0_offer_remain_lifemax_01»	Decreased Total Coverage Amount. Case specific.
«r_curr_cvg_modal_prem» / «r_policy_bill_freq_desc»	Premium/Premium Mode. Case specific.
«First Name» «Middle Name» «Last Name»	First, Middle and Last Name of policyholder.
«policy_no»	Recipients Policy number.
«r_policy_offer_eff_date_1»	Will be case specific at time of issue.
<b>Paid-Up Status Election Form</b>	
«Field 27»	Nursing Home Care Maximum Daily Amount. Case specific.
«Field 28»	Assisted Living Facility Care Maximum Daily Amount. Case specific.
«Field 29»	Home Health Care Maximum Daily Amount. Case specific.
«Field 30»	Decreased Total Coverage Amount. Case specific.
«First Name» «Middle Name» «Last Name»	First, Middle and Last Name of policyholder.
«policy_no»	Recipients Policy number.
«r_policy_offer_eff_date_1»	Will be case specific at time of issue.